REPUBLIC OF KENYA

MINISTRY OF HEALTH

National Nutrition Monitoring and Evaluation Framework 2013

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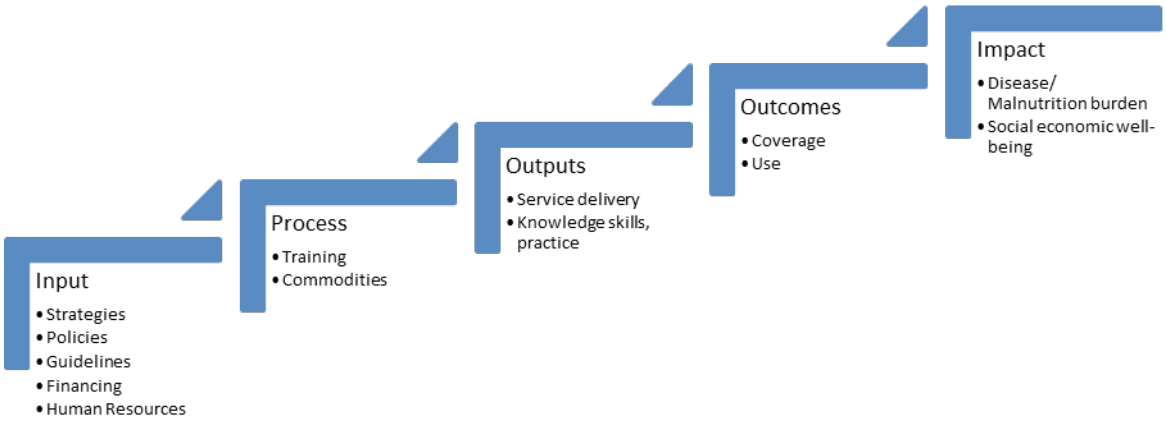


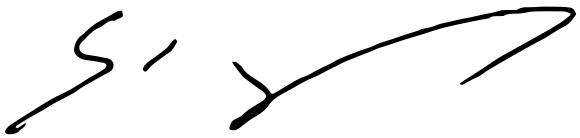
FOREWORD

The National Nutrition Monitoring & Evaluation framework is an important document that will guide the monitoring and evaluation of activities of the nutrition sector in the country. This framework aims at consolidating nutrition data and information from various sources such as the DHIS and nutrition surveys and assessments. Through this document it is expected that counties and stakeholders in the nutrition sector will utilize information in planning and coordination of the nutrition activities so that prudent use of resources is done for optimal results.

The development of the Monitoring and Evaluation Framework has been done through a consultative process of all the stakeholders in the nutrition sector. The framework is based on the various documents in the health sector namely: The National Food and Nutrition Security Policy, Health Information Systems Policy, Kenya Health Sector Strategic Plan III and the Kenya National Nutrition Action Plan 2012- 2017.

The expected output of the framework is to monitor implementation of nutrition activities in the country as we integrate efforts towards reduction of malnutrition. The framework will provide a benchmark for planning, budgeting, reporting and re-strategizing of nutrition interventions for counties and the country to ensure sharing and scaling up of best practices.

It is hoped that the users will find this document useful and I encourage them to provide feedback periodically to inform its updating and revision.



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ACKNOWLEDGEMENTS

The Division of Nutrition is very grateful to all those who have contributed to this framework which will guide the data collection, data quality, analysis and use and reporting of nutrition information for improved programming.

I am particularly grateful to the Division of Nutrition (DON) and the Division of Health Information Systems staff who have worked tirelessly in developing this Country framework which is the first initiative towards improving monitoring and evaluation of nutrition progress in Kenya for the period 2012-2017.

We are also grateful for the technical support from our partners and the various nutrition sector technical forums towards the finalization of this Monitoring and Evaluation framework namely:

1. UNICEF Kenya Country Office
2. USAID –MCHIP
3. Action Contre la Faim (ACF),
4. African Population Health and Research Centre (APHRC),
5. Save the children UK,
6. Micronutrient Initiative,
7. Kenya Medical Research institute (KEMRI),
8. Nutrition Information Technical Working Group (NITWG),
9. Nutrition Technical Forum (NTF),
10. National Micronutrient Deficiency Control Committee (NMDCC) and
11. Nutrition Interagency Coordinating Committee (NICC).

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Terry Wefwafwa HSC,
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LIST OF ABBREVIATIONS

ACSM	Advocacy, Communication and Social Mobilization.
BCC	Behaviour Change Communication
BFCI	Baby Friendly Community Initiative
CHANIS	Child Health and Nutrition Information System
CHEW	Community Health Extension Worker
CHMT	County Health Management Teams
CHW	Community Health Workers
CNO	County Nutrition Officer
COTU	Central Organization of Trade Unions
CWC	Child Welfare Clinic
DHIS	District Health Information System
DHMT	District Health Management Team
DHS	Demographic and Health Survey
DNO	District Nutrition Officer
DON	Division of Nutrition
DPHN	District Public Health Nurse
DPHO	District Public Health Officer
DQAs	Data Quality Assurance
DVI	Division of Vaccine and Immunization
ECDs	Early Childhood Development Centres
FKE	Federation of Kenyan Employers
FSNP	Food and Nutrition Security Policy
FSNS	Food and Nutrition Security Strategy
GAIN	Global Alliance for Improved Nutrition
GAM	Global Acute Malnutrition
HF	Health Facility
HIS	Health Information System

HRIO	Health Records and Information Officer
IDD	Iodine Deficiency Disorders
IEC	Information, Education and Communication
IMAM	Integrated Management of Acute Malnutrition
IR	Immediate Results
IYC	Infant and Young Child
IYCN	Infant and Young Children Nutrition
KAP	Knowledge Attitude and Practices
KARI	Kenya Agricultural Research Institute.
KDHS	Kenya Demographics and Health survey
KEMRI	Kenya Medical Research Institute
KHIBS	Kenya Household Income and Budget Survey
KNBS	Kenya National Bureau of Statistics
KSPA	Kenya Service Provision Assessment
LBW	Low Birth Weight
MCH	Maternal and Child Health Clinic
M&E	Monitoring and Evaluation
MEASURE	Monitoring Evaluation and Use of Results
MI	Micro-nutrient Initiative
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
MOPHS	Ministry of Public Health and Sanitation
MUAC	Middle Upper Arm Circumference
MTEF	Medium Term Expenditure Framework
NCPD	National Centre for Population and Development.
NGO	Non-Governmental Organization
NHSSP	National Health Sector Strategic Plan
NICC	Nutrition Inter-agency Coordinating Committee
NITWG	Nutrition Information Technical Working Group

NMDCC	National Micro-nutrient Deficiency Control Committee
NNAP	National Nutrition Action Plan
NTF	Nutrition Technical Forum
NIS	Nutrition Information Systems
OTC	Outpatient Therapeutic Centre
OTP	Outpatient Therapeutic program
PMTCT	Prevention of Mother to Child Transmission
PNOs	Provincial Nutrition Officer
SAM	Severe Acute Malnutrition
SC	Stabilization Centres
SD	Standard Deviation
SFP	Supplementary Feeding Programme
ToR	Terms of Reference
TOT	Training of Trainers
TWG	Technical Working Group
UNICEF	United Nations Children Fund
WFP	World Food Program
WRA	Women of Reproductive Age

DEFINITIONS OF TERMS

Monitoring is the periodic oversight of the implementation of an activity which seeks to establish the extent to which input deliveries, work schedules, other required actions and targeted outputs are proceeding according to plan, so that timely action can be taken to correct any deficiencies detected.

Evaluation is the process to determine as systematically and objectively as possible, the relevance, effectiveness, efficiency and impact of activities in light of specified objectives. Evaluation typically includes measures both at the beginning, midway and at the end of a program and when possible includes a control or comparison group to help determine whether change in outcome results from program activities themselves and not from other influences outside the program. It involves collection of information about programme activities, characteristics, and outcomes that determine the merit or worth of a specific programme.

Inputs refer to resources invested in the programme and will include financial, technological and human resources in a program.

Processes These are activities carried out to achieve the program objectives. Monitoring of these activities will show what has been done and how well and timely it has been done based on the work plans for the objectives.

Output -These refer to the results achieved at the program level or simply program products. Output may be in three forms: *numbers of activities* conducted in each functional area such as training; *service output* which measures adequacy of services delivery system in terms of access, quality of care or program image; and *service utilization* that measures the extent to which the services are being used.

Outcome -This refers to the changes observed at the population level among members of the target population as a result of a given program or intervention. There are two types of outcome namely:

(a) ***Effects*** - which is short - to medium range (e.g., 2-5 years) change in behaviour promoted by programme

(b) ***Impact*** - which are changes that occur over long-term

Development partners -These are agencies who invest resources in nutrition activities in the country. The investment is in the form of technical assistance, funding, commodities and logistical support. Examples of development partners in the nutrition sector include; ECHO, DFID, UNICEF, WFP, GAIN, Micronutrient initiative etc.

Implementing partners -These are agencies or institutions that are involved in supporting or implementing activities in specific target areas of the National Health Sector Strategic Plan (NHSSP) and Annual Work Plan (AWP). These include civil societies and Private sector.

Stakeholders refers to a group of agencies or persons with a similar interest in a particular field e.g. nutrition.

Indicator - A measure of change, progress or state.

Research - Refers to the generation of knowledge that can be used to prevent disease, promote, restore, maintain, protect and improve the population's development and well-being.

Surveys - Periodic, focused assessments that collect health data from a population. Surveys are used to assess the perceptions, behaviour, knowledge, attitudes and infection status of targeted populations. Good surveys utilize well tested and validated instruments administered to representative populations of interest. All surveys assessing similar information should adopt the same sampling design and instruments to assure some level of consistency and ability to monitor trends.

Surveillance - Ongoing, systematic collection, collation, analysis and interpretation and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health.

Relevance - Only data that meets the information needs is collected, to inform project management and decision making. Data captured should be used for the purposes for which it is collected.

Validity - Data use should be able to measure the changes being tracked. Data should be recorded and used in compliance with relevant requirements, including the correct application of any rules or definitions. This will ensure consistency between periods and with similar activities. Where proxy data is used to compensate for an absence of actual data, activities must consider how well this data is able to satisfy the intended purpose.

Accuracy - Data should represent the actual population and their situation. Data should be sufficiently accurate for its intended purposes, representing clearly and in sufficient detail the interaction provided at the point of activity.

Completeness - Data requirements should be clearly specified based on the information needs of the activities and data collection processes matched to these requirements.

Reliable - Data should be verifiable, producing the same results when used repeatedly to measure the same thing over time. Data should reflect stable and consistent data collection processes across collection points and over time, whether using manual or computer-based systems, or a combination.

Timeliness - Data should be captured as quickly as possible after the event or activity and must be available for the intended use within a reasonable period. Data must be available quickly and frequently enough to support information needs and to influence the appropriate level of service or management decisions.

CHAPTER

01

INTRODUCTION

1.1 National Nutrition Status

Causes of malnutrition are multi-factorial and can be divided into immediate, underlying and basic based on UNICEF's 2006 conceptual framework (Appendix 5). According to the 2008 Kenya Demographic and Health Survey (KDHS), the level of chronic malnutrition for children aged below 5 years was 35% while children who had severe chronic malnutrition was 14%. Acute malnutrition was reported at 7% while severe acute malnutrition was at 2%. Underweight children were 16% while severe underweight was 4%. Malnutrition affects all wealth quintiles (KDHS, 2008). Based on various surveys, the level of micro-nutrient deficiencies (vitamin A, iron, iodine) is similarly high [1]leading to disorders such as iodine deficiency disorders and anaemia. These deficiencies are preventable if the population has adequate diet that is sufficiently and appropriately diversified accompanied by nutrition intervention of supplementation and food fortification.

In addition to the persistent deficiencies of under nutrition, the Division takes cognizant of the current emergence of non-communicable disease of main concern being cancer and cardiovascular disease. According to the last KDHS 2008-2009, overweight/obesity among women of reproductive age (WRA) was 25% with Nairobi Province having the highest rate of 41%. Infant and Young Child feeding practices remain poor to attain optimal nutritional status. Exclusive breastfeeding rates of infants up to the age of 6 months increased from 13% (KDHS, 2003) to 32% (KDHS, 2008) but more needs to be done to improve these rates. Breastfeeding within one hour of birth stands at 58%. Further optimal complementary feeding at 6 months has been hampered by inadequate caring practices, food insecurity and poverty and was rated at 38% (KDHS, 2008).

1 The last micronutrient survey was done in 1999 and will be updated once the results of the surveys are out. 2011

Challenges faced by the Division of Nutrition in addressing the nutrition problems include inadequate investment in financial and human resources and insufficient information due partly to ineffective/insufficient monitoring and evaluation processes to guide planning and decision making. The Division of Nutrition (DON) is working in partnership with other departments in the Ministry of Health, other government ministries, civil societies, development and implementing partners to promote health and nutrition among the Kenyan population.

1.2 Division of Nutrition

The Division of nutrition within the Department of Family Health in the Ministry of Health has five technical units: Maternal, Infant and Young Child Nutrition; Micro-nutrient Deficiency Prevention and Control; Food Security and Emergency Nutrition; Healthy Diets and Wellness and Research Monitoring and Evaluation (RM&E).The RM&E arm ensures that programme activities at the DON are tracked and assessed. This framework is essential in order to carry out monitoring and evaluation of national nutrition activities systematically in line with the National Nutrition Action Plan 2012 to 2017. It equally serves as a plan for monitoring and evaluation and clarifies:

1. What is to be monitored and evaluated,
2. The activities needed to monitor and evaluate,
3. Who is responsible for monitoring and evaluation of activities,
4. When monitoring and evaluation activities are planned (timing),
5. How monitoring and evaluation are carried out (methods) and
6. What resources are required and where they are committed.

Essentially, this framework gives the Division of Nutrition an opportunity to develop a data base of nutrition activities.

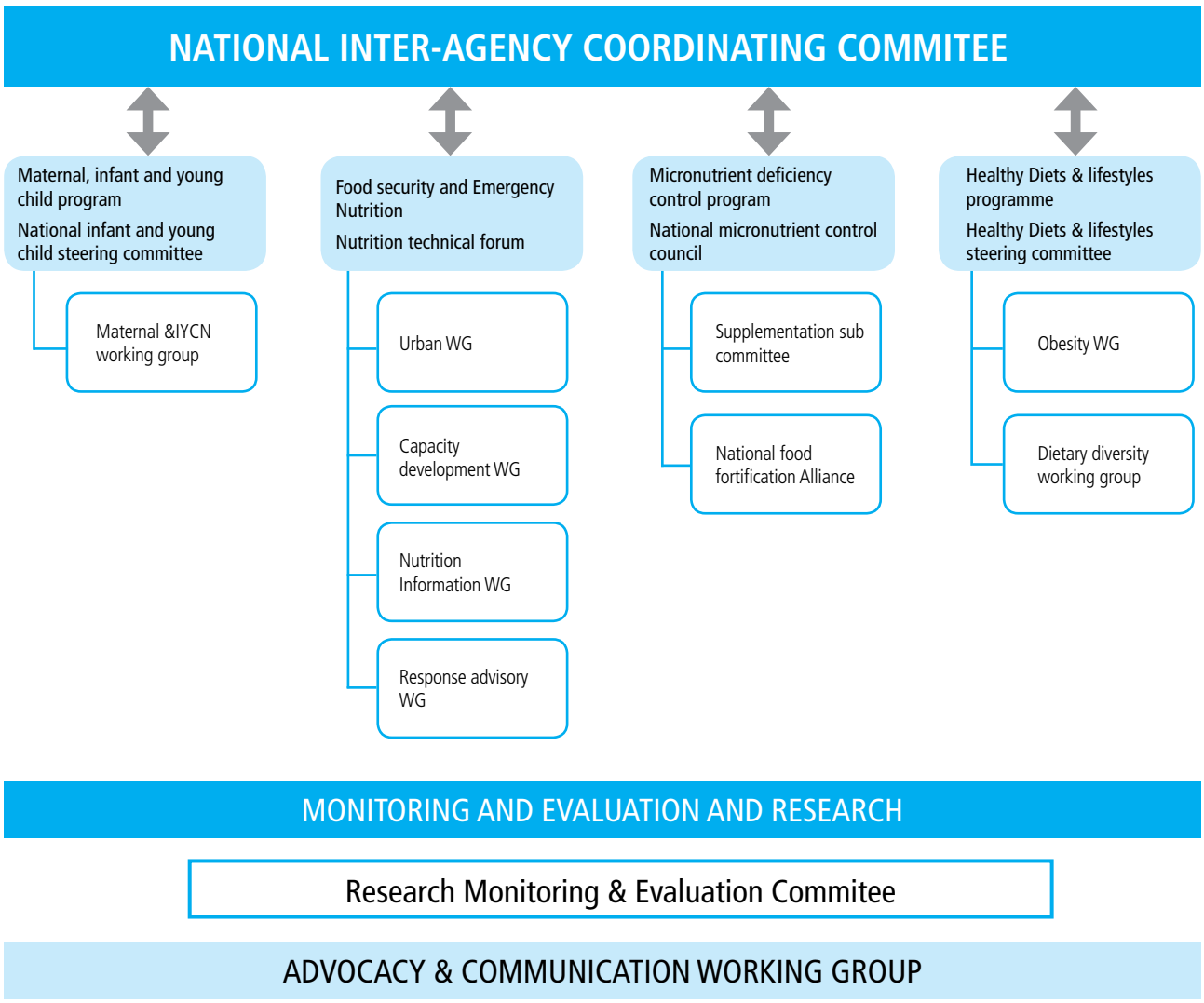


Figure 1: Conceptual framework for coordination of nutrition activities

1.2.1 Vision and Mission of the Division of Nutrition

Vision

To have a nation that is free from malnutrition and diet related diseases and conditions

Mission

To provide leadership and participate in the provision of high quality nutrition services that are equitable, responsive, accessible and accountable to all Kenyans

Mandate

- Policy formulation, standards development and strategic planning
- Provision of nutrition services

- Coordination and resource mobilization
- Nutrition assessments and surveillance
- Capacity strengthening of health and other workers on food nutrition
- Creation of awareness to the public on food and nutrition
- Procurement and distribution of equipment and supplies for nutrition service delivery
- Food and nutrition operations research
- Administration of the scheme of service for nutrition officers and assistants
- Monitoring and evaluation of nutrition programmes
- Advocacy

Essential monitoring and evaluation of the national nutrition programme remains an important function of the Division of Nutrition in assessing progress made towards achieving the set objectives and targets as stipulated in the Kenya Health Sector Strategic Plan II (KHSSP III) and the National Nutrition Action Plan 2012-2017 (NNAP).

1.3 The National Nutrition Action Plan

The National Nutrition Action Plan 2012-2017 (NNAP) is guided by the Food and Nutrition Security Policy (FNSP, 2012) and Food and Nutrition Security Strategy (FSNS, draft 2008). The NNAP is as a result of nutrition situation analysis and extensive consultations with nutrition stakeholders. The purpose of the NNAP is to provide a framework for coordinating implementation of nutrition interventions by the government and nutrition stakeholders for maximum impact at all levels. The priority nutrition areas spelt out in the FSNS provided a conceptual guide to the development of the National Nutrition Action Plan, which further identified strategic objectives each with corresponding activities and expected outcomes outlined as follows:

i. To improve the nutritional status of women of reproductive age (15-49 years)

ii. To improve the nutrition status of children under five years of age.

iii. To reduce the prevalence of micronutrient deficiencies in the population

iv. To prevent deterioration of nutritional status and save lives of vulnerable groups in emergencies

v. To improve access to curative nutrition services

vi. To improve prevention, management and control of diet related non communicable diseases

vii. To improve nutrition in schools, private and public institutions

viii. To improve knowledge, attitudes and practices on optimal nutrition among the population

ix. To strengthen nutrition surveillance, monitoring and evaluation systems

x. To enhance evidence-based decision making through operations research

xi. To strengthen coordination and partnerships among the key nutrition actors

xii. The above strategic objectives from NNAP will form the pillars of M&E framework

1.4 Status of monitoring and evaluation for Nutrition in Kenya

The nutrition sector M&E is built on the existing infrastructure that collects, collates and analyses surveillance and service delivery data from various Service Delivery Points (SDP) in the country. There are 3 main categories of data being collected on a monthly basis through the District Health Information System (DHIS) that monitor the nutrition programs. These are:

- Child Health and Nutrition Information System (CHANIS)[2] for children 0 to 59 months.
- Micronutrient supplementation data (Vitamin A, Iron and Folate) for children 6 to 59 months and pregnant women.
- Integrated Management of Acute Malnutrition (IMAM) program for children above 6 months with acute malnutrition, pregnant and lactating women.

Other nutrition data periodically collected in sentinel sites and districts for monitoring purposes include the Long Rains Assessment (LRA)[3], Short Rains Assessment (SRA) and small emergency assessments. This data is analyzed, shared and used for decision making in planning appropriate interventions. Nutrition outcome and impact indicators are monitored through the Kenya Demographic and Health Survey (KDHS), Multiple Indicator Cluster survey (MICS) and Kenya Household Income and Budget Survey (KHIBS).

Challenges in monitoring and evaluation of activities in the country include limited capacity to collect, analyze and disseminate nutrition data; though all facilities are required to report on vitamin A data, only immunizing facilities are providing reports; data submitted usually

2 CHANIS – From DHIS

3 National Drought Management Authority

excludes vitamin A used for therapeutic purposes and vitamin A supplements given during mass immunization campaigns. Report completeness and timeliness is relatively low with completeness of CHANIS data at 60%[4] which further constrain the quality of data and decision making.

These challenges facing M&E of nutrition activities necessitates the need for developing an M&E framework to provide strategic information and a robust evaluation of programme effects on the population.

4 HIS data 2011

DEVELOPMENT OF THE NATIONAL NUTRITION MONITORING AND EVALUATION FRAMEWORK

CHAPTER 02

2.1 Rationale

Kenya has numerous nutrition stakeholders including government ministries, development agencies, implementing partners, private and public teaching and research institutions, nutrition working groups and professional associations, and the private sector. However, even with many players in nutrition, limited impact, including impact from implementation of high impact nutrition interventions, has been realized. This, in part, is attributed to challenges arising from coordination of the nutrition programmes in different sectors, the short-term nature of interventions which mainly target emergency situations and the lack of holistic programming leading to interventions with limited scope and impact. These issues call for sector-wide approaches to nutrition programming in the country in order to meet the millennium development goals (MDGs).

The main purpose of the M&E framework is to ensure continuous tracking of progress, document lessons learned and replicate best practices of nutrition interventions as outlined in the National Nutrition Action Plan 2012-2017. Monitoring and evaluation will be an integral part of all aspects of the nutrition intervention programs. The framework is aligned to the Health Information System (HIS) with focus on strengthening nutrition indicators and systems.

2.2 Goal and Objectives

2.2.1 Goal

The M&E framework will guide and provide quality information for effective planning, decision making, monitoring and evaluation of nutrition interventions in the country.

2.2.2 Objectives

- To provide guidelines on data collection, reporting, feedback and use for the nutrition program
- To monitor and evaluate quality of nutrition data and activities
- To promote data use at all levels to inform decision making and nutrition programming
- To produce and disseminate program implementation reports at all levels
- To monitor the health sector's response to nutrition
- To contribute towards strengthening of the nutrition information component of health systems
- To develop a supervisory framework to facilitate high quality data collection, collation, analysis, reporting and use at all levels.
- To provide a framework for the systematic linkage of nutrition and food security indicators at National and County level.

2.3 Guiding Principles

The M&E framework is guided by the following principles:

1. Three Ones Principle;

- One national coordinating authority, with a broad based multi-sector mandate
- One agreed comprehensive national nutrition plan of action
- One agreed country level nutrition monitoring and evaluation framework

2. Mainstreaming of M&E in all nutrition interventions at all levels.
3. Integration of nutrition indicators into DHIS.
4. Decentralization, analysis and storage of data at the operational level.

2.4 Basic Concepts of Monitoring and Evaluation

This logical framework identifies and illustrates the linear relationships flowing from program inputs, processes, outputs, outcomes and impacts. Inputs or resources affect processes or activities which produce immediate results or outputs, ultimately leading to long term or broad results, or outcomes and impacts. Indicators are used to measure performance of a program at different levels. Inputs, processes and outputs are regularly monitored while outcomes and impact are periodically assessed either through surveys or evaluations. The nutrition program has adopted the basic M & E framework as illustrated in Figure 2.

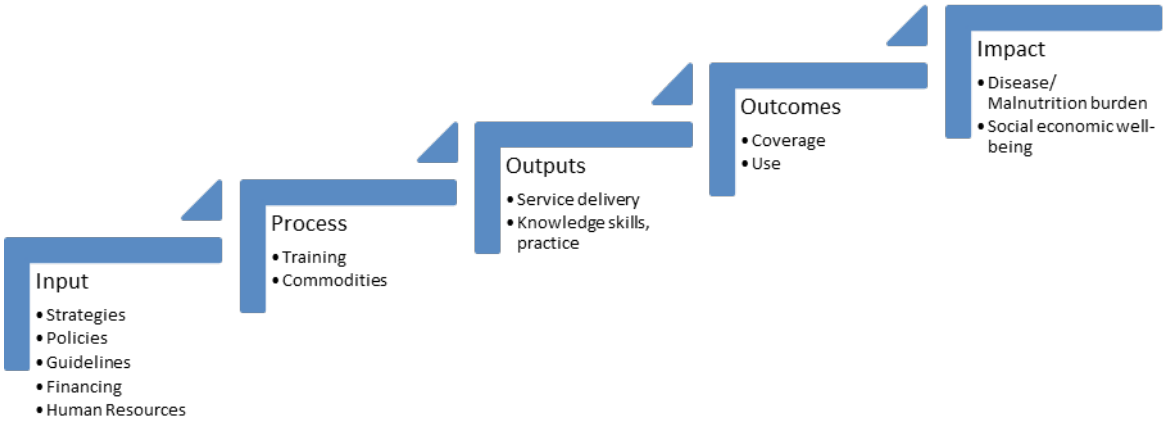


Figure 2: The basic monitoring and evaluation framework

2.5 Sources of Nutrition Information

The nutrition programme draws data and information from several direct sources as well as from other information systems within and outside the health sector (Figure 3). The information sources are categorized as follows:

1. Government- DHIS, KDHS, KSPA, MICS, KIHBS, KNBS
2. Research institutions e.g. KEMRI, NCPD, Universities, KARI
3. Programs e.g. implementing and development partners.

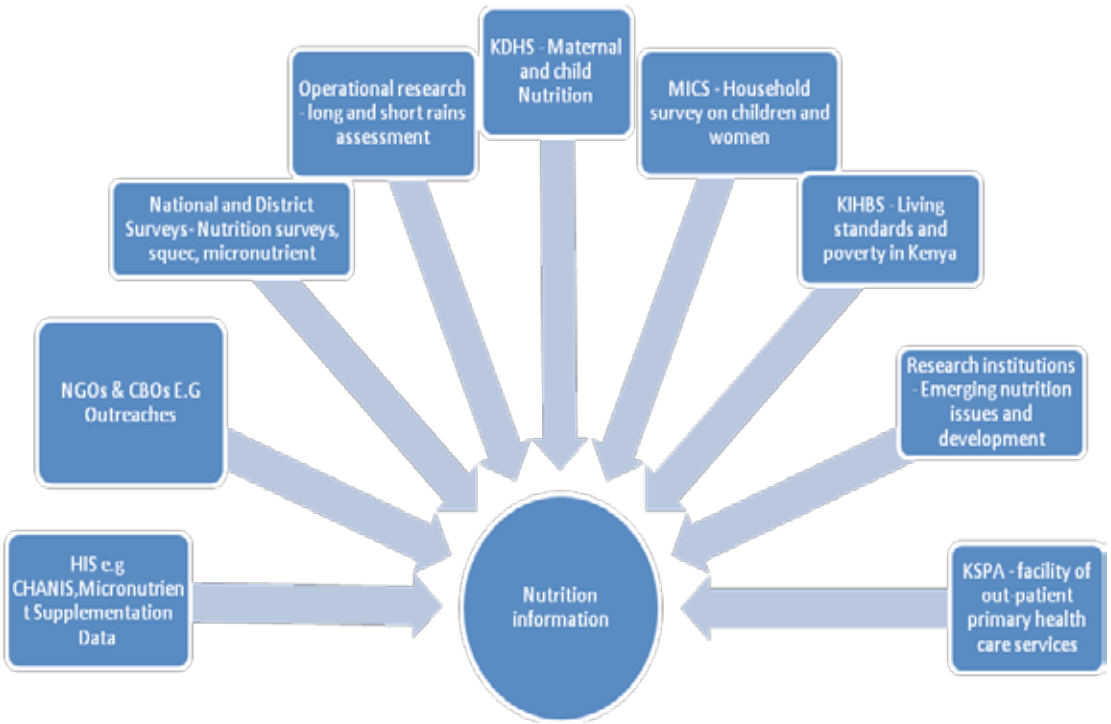


Figure 3: Nutrition programs data sources

2.6 Monitoring

Routine data will be used to track nutrition programme performance. Supplementary data for instance for stock monitoring of supplies may be collected for interventions that do not necessarily have data collected on routine basis. Such data may be collected monthly quarterly or annually depending on project and or programme requirements and to complement the routine data. Monitoring data is collected through the following systems:

2.6.1 Health Information System

The DHIS is the routine source of health facility service statistics where DON will get required data and/or information directly. The HIS relies on HWs at facility level to collect patient data and HIS staff to aggregate the data and report it on standardized forms. Key nutrition indicators will be collected at various levels and stored directly in the DHIS database (Appendix 1). The data for these indicators needs to be captured on the Monthly Summary Forms.

In the nutrition program, some of the routine data collected through HIS for monitoring of activities are: Exclusive breastfeeding, initiation of breastfeeding within one hour of delivery, normal growth, underweight, stunting and wasting in children, Integrated Management of Acute Malnutrition (IMAM) performance, iron folate supplementation in pregnant women and vitamin A supplementation. The HIS also maintains information on types of services provided at health facilities which is important for several DON core indicators.

2.6.2 Kenya Service Provision Assessment (KSPA)

The KSPA is a nationally representative facility survey that collects information on the health system in Kenya. The Health Systems Assessment (HSA) process allows systematic and rapid assessment of the national health system and provides policymakers and program managers with information on how to strengthen the health system. The approach provides a comprehensive assessment of key health systems functions, organized around six technical modules: governance, health financing, health service delivery, human resources, medical products management, and health information systems (Luoma et al., 2010)

The National Coordinating Agency for Planning and Development and MOPHS/NASCOP are responsible for conducting the KSPA. The KSPA has been conducted thrice in Kenya: 1999, 2004 and 2009.

2.6.3 Monitoring CODE violations of breast milk substitutes

International Baby Food Action Network (IBFAN) helped develop the *International Code of Marketing of Breast milk Substitutes*. In Kenya, Monitoring CODE violations of breast milk substitutes is based on the Breast Milk Substitutes (Regulation and Control) Act of 2012. The Act provides for appropriate marketing and distribution of breast milk substitutes, for safe and adequate nutrition for infants by promotion of breastfeeding and proper use of breast milk substitutes, where necessary.

Monitoring reports on CODE violations of breast milk substitutes will be collected at the district level, health facility and commercial outlets and submitted to the County and Division of Nutrition on a quarterly basis.

2.6.4 Monitoring of complementary foods

The Kenya Bureau of Standards (KEBS) is responsible for ensuring quality and safety of complementary foods at the processing and manufacturing level in accordance to the standard Act CAP 496 of the Laws of Kenya. The department of Food safety in collaboration with KEBS and DON will continually do market surveillance of complementary foods. Such data will be collected on a quarterly basis for analysis and action.

2.6.5 Monitoring of fortified foods

Data on fortified foods is useful in estimating the number of people consuming foods fortified with essential micronutrients. Fortified foods monitoring at production level is conducted quarterly by industries that deal with salt, flour, edible oils, fat and sugar. KEBS conducts external monitoring to ensure that the foods are fortified to the recommended standard. Retail monitoring of fortified foods will be done by the Division of Food Safety and Quality to ensure that foods imported and produced locally in retail outlets are fortified with the required micronutrients.

The successful implementation of the universal salt iodization in Kenya as a strategy to eliminate Iodine Deficiency Disorders requires consistent monitoring to maintain the over 90% coverage. Monitoring of salt iodization will be done annually at the household level. Salt iodization is conducted in schools by the DON in collaboration with the Public Health Department to determine levels of iodine in household salts in communities. The Division will also participate in the iodization monitoring at the industry and retail level in order to ensure that salt available to consumers conforms to the national standards on salt iodization.

2.6.6 Support supervision visits

Technical quarterly support supervision visits will be conducted to assess program implementation to inform decision and planning. The support supervision visits will be done by the program managers and officers at the DON to the counties and districts. This will also be enhanced and supported by the technical working groups at the DON to ensure adequate feedback and support.

2.7 Evaluation

Most of the programmes in the Division of Nutrition are on-going hence the M&E system developed will accommodate periodic assessments in on-going interventions. Baselines will be developed from the existing routine data and disaggregated to County level. However, for new interventions in their formative stages, baseline surveys will be conducted. Impact evaluation will be conducted where possible along with the national health and demographic surveys while other national studies specific to identified objectives e.g. MICS will be explored as possible avenues to evaluate other indicators of national interest.

Evaluations conducted at the division will require their methodologies to be approved by the research monitoring and evaluation committee, the relevant working group and the Ethical research committee (KEMRI) if need be before implementation to ensure compliance and protection of the study subjects.

2.7.1 Kenya Demographic and Health Survey (KDHS)

The DHS is a nationally representative household survey that is the source of impact and outcome indicators e.g. stunting, wasting, underweight, child nutrition practices and maternal nutrition and obesity. If changes are made to the indicators in the matrix in future, these will also have to change accordingly. The Kenya National Bureau of Statistics (KNBS) is responsible for conducting the survey every 5 years. The DHS has been standardized and has been conducted in over 70 countries for cross-national comparison. The DHS has been conducted five times in Kenya (1987, 1993, 1998, 2003 and 2008) offering trends of various indicators over time.

2.7.2 Multiple Indicator Cluster Surveys (MICS)

This is a household survey initiative that was developed by UNICEF to assist countries in collecting and analyzing data in order to fill data gaps for monitoring the situation of children and women. MICS has enabled many countries to produce statistically sound and internationally comparable estimates of a range of indicators in the areas of child mortality, nutrition, child health, environment, reproductive health, education, child protection and HIV/AIDS. In the estimates

of nutrition status the focus of MICS is on: Underweight, stunting, wasting, breastfeeding, salt iodization, vitamin A and low birth weight indicators. MICS findings are used extensively as a basis for policy decisions and programme interventions, and for the purpose of resource allocation and influencing public opinion on the situation of children and women.

2.7.3 Kenya Integrated Household Budget Survey (KIHBS)

KIHBS is designed to provide indicators necessary for measuring, monitoring and analyzing living standards and poverty in Kenya (KNBS, 2007). The survey is also aimed at providing data on socio-economic aspects of the Kenyan population including education, nutrition, health, energy, housing, water and sanitation. KIHBS is sometimes integrated into other national surveys such as KDHS. Data from these surveys is normally available according to KNBS time lines.

2.7.4 National Micronutrients survey

This survey is to be conducted every 5 years to determine deficiency levels of micronutrients of public health importance so that appropriate intervention can be put in place.

2.7.5 Other nutrition surveys

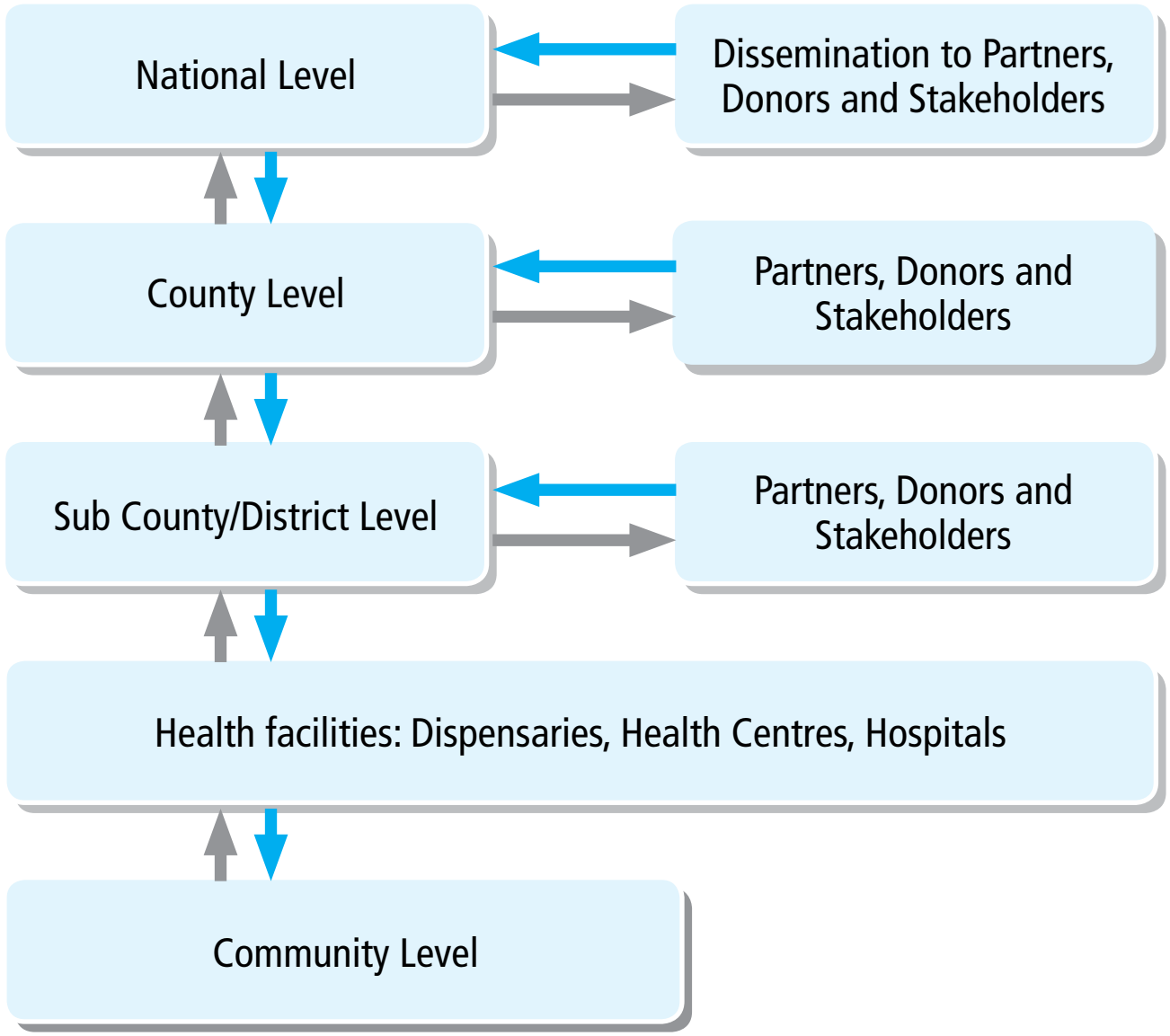
Some surveys conducted periodically to inform nutrition programming include; Sentinel (Malnutrition) surveys conducted to determine GAM, SAM and MAM rates and the SRA and LRA, occasionally conducted by partners and MOH in selected ASAL districts. Based on need during the implementation of nutrition interventions special evaluations will also be conducted by external evaluators to provide an external independent and objective assessment of programs on behalf of DON.

2.8 Reporting

Reporting of service delivery activities to the Division of Nutrition is on a monthly basis from the facility, districts and county levels (Figure 4). The reports are sent to the higher level through the DHIS and constitute service delivery statistics on nutrition HIS indicators in micro-nutrient supplementation (Vitamin A, Iron and Folate), CHANIS and IMAM.

Reporting of implementation of activities at the national level will be done on a quarterly basis and will be based on the reporting format in Appendix 3. The reports will be structured so as to capture all the requirements of the National Nutrition Action Plan and annual plans. Progress implementation reports will also be shared in the relevant committees and Technical Working Groups (TWGs) within the nutrition sector. Each unit head will be expected to provide a detailed report as per the reporting format every quarter to the monitoring and evaluation unit

for documentation and input into the quarterly, semi-annual and annual reports. The quarterly reports will also be supported by data from the program indicators as captured through the DHIS on a monthly basis. The data will be analyzed by comparing achievement against the set targets or baselines (MDGs targets, NHSSP targets and Nutrition Action Plan targets) as well as with international standards e.g. SPHERE standards and MOH guidelines/standards.



Key

Feedback:

Forward transmission:

Figure 4: National HIS Data flow/transmission

2.9 Data Analysis and Use

Nutrition data collected through routine system and through evaluations and assessments will be analyzed for use in decision making at all levels of the health system. Analysis will involve systematic data quality assessment and if necessary adjustment. The analyses will be transparent and in line with national data analysis standards. Identifying and accounting for biases because of incomplete reporting, inaccuracies and non-representatives are essential and will greatly enhance the credibility of the results for users.

Analysis will be done by comparing achievements against the targets in the Annual Work Plan, KHSSP III and the Nutrition Action Plan 2012-2017. Analysis will also compare achievements and international standards and thresholds (Appendix 6) e.g. sphere standards for the emergency nutrition. Analysis will also be done by looking at the implementation of activities in the nutrition action plan to determine whether progress is being made or not. Data analysis will also compare trends of the nutrition situation and interventions at various levels.

Nutrition information analysis will be complemented by more complex analyses that provide estimates of the burden of malnutrition, nutrition service coverage, trends in nutrition indicators, and health system performance. Use of nutrition research as well as qualitative data gathered through systematic processes of analysing nutrition systems characteristics and changes. Analyzed information will be disseminated through technical forums and meetings, bulletins, quarterly and annual reports and the nutrition website. To ensure effective dissemination the use of graphs, bar charts and maps will be employed.

Analyzed nutrition information is anticipated to enhance:

- Information use for planning,
- Re-strategizing,
- Forming conclusions and anticipating problems,
- Replicating best practices,
- Accountability,
- Advocacy and
- Documentation of lessons learnt.

NATIONAL NUTRITION M&E FRAMEWORK IN KENYA

CHAPTER 03

The goal of the Monitoring and Evaluation Framework is to ensure a systematic monitoring and evaluation of nutrition sector activities in Kenya in line with the strategic objectives as derived from the National Nutrition Action Plan 2012-2017 (Appendix 4):

Tables 1 and 2 illustrate the key indicators for activities in the National Nutrition Action Plan 2012 – 2017.

Table 1: Framework for monitoring and evaluation of the Kenya Nutrition Action Plan, 2012 to 2017

Goal	Impact Indicators	Data source	Frequency	Responsible
To have reduced morbidity and mortality caused by malnutrition and diet related diseases by 2017.	Proportion of children under five years who are stunted.	KDHS, Annually in SMART nutrition surveys in some selected ASAL districts	5 years and annually	DON/KNBS/Implementing partners
	Proportion of children under-five who are underweight.	KDHS, Annually in SMART nutrition surveys in some selected ASAL districts	5 years and annually	DON/KNBS/Implementing partners
	% of children exclusively breastfeeding in the first 6 months	KDHS/ MICS	2-5 years	DON/KNBS
	% of population with micronutrient deficiencies	KNMS	5 years	DON/KNBS/KEMRI
	Proportion of households consuming iodized salts	MICs/KNMS	Annually/ 5years	DON/KNBS/KEMRI
	% of pregnant women who are anaemic	KNMS/DHIS	5 years/annually	DON/KNBS/KEMRI
	% of children under five who are Vitamin A deficient.	KNMS	5 years	DON/KNBS/KEMRI
	Under five years death rate	KDHS, Annually in SMART nutrition surveys in some selected ASAL districts/ MICs	5 years and annually	DON/KNBS/Implementing partners/UNICEF
	Populations Crude Death Rate	KDHS, SMART nutrition surveys in some selected ASAL districts/MICs	5 years and annually	DON/KNBS/Implementing partners/UNICEF

Table 2: Framework for monitoring and evaluation of the Kenya Nutrition Action Plan, 2012 to 2017 by strategic objective

Strategic objective areas	Performance Indicators	Data source	Frequency	Responsible
Strategic objective 1: To improve the nutritional status of women of reproductive age (15-49 years)	**Inputs**			
	Amount of funds available for maternal nutrition.	Program reports	Annually	DON/Development partners
	Amount of micronutrients purchased for supplementation (iron, folic acid, vitamin A)			
	Type and quantities of anthropometric equipment purchased for assessing nutritional status of women			
	Training manuals and guidelines developed.			
	Outputs			
	Number of WRA supplemented with iron and folic acid for at least 90 days during the last pregnancy.	Surveys/KDHS	Annually/5years	DON – MIYCN/M&E Units
	Number of lactating mothers supplemented with vitamins A within 4 weeks of delivery	PNC registers	Monthly	DON – MIYCN/M&E units
	% of pregnant and lactating women with MUAC < 21 CM receiving supplementary food.	DHIS	Monthly	DRH/DON – MIYCN/ M&E units
	% of pregnant women whose weight is monitored.	DHIS	Monthly	DRH/DON – MIYCN/ M&E units
	Number of Health workers and CHWs trained on Maternal nutrition	Activity reports	Quarterly	DON
	Proportion of health facilities with nutrition commodities and equipment for maternal nutrition interventions	Activity reports	Quarterly	DON
	Number of maternal guidelines disseminated	DHIS	Monthly	DON
	Outcomes			
	Proportion of WRA admitted in the therapeutic program	Activity reports	Annually	DON
	Proportion of infants with birth weight above 2500 grams	Activity reports	Annually	DON
	Proportion of women 15-49 years supplemented with Iron folate	Activity reports	Annually	DON

Strategic objective areas	Performance Indicators	Data source	Frequency	Responsible
Strategic objective 2: To improve the nutrition status of children under five years of age	**Input**			
	Amounts of funds available	Program reports	Annually	DON/Development partners
	Number of nutritionist available			
	IYCN/BFHI guidelines developed			
	IYCN commodities available			
	Output			
	Number of children 0 to 6 months of age on exclusive breastfeeding	DHIS/KDHS/surveys	Monthly / annually/ 5 years	DON/HIS/KNBS/ IMPLEMENTING PARTNRES
	Number of Health facilities certified as Baby Friendly	Activity reports	Annually	DON
	Number of community units that are implementing Baby Friendly Community Initiative (BFCI)	Activity reports	Annually	DON
	Number of infants who are breastfed within one hour of birth	DHIS/KDHS/Surveys	Monthly / annually/ 5 years	DON/HIS/KNBS/ IMPLEMENTING PARTNRES
	Number of companies / suppliers complying with the CODE of marketing breast milk substitutes	Activity reports	Annually	DON – IYCN
	Number of Public sector/ agencies/companies which support breastfeeding in the workplace	Activity reports	Annually	DON – IYCN
	Number of health workers trained in IYCN	Activity reports	Annually	DON – IYCN
	Number of children 6 to 24 months of age having adequate dietary diversity, appropriate feeding frequency and continued breast feeding.	Survey reports	Annually	DON –IYCN
	Number of ACSM materials produced and distributed to health facilities and communities	Activity reports	Annually	DON - AYCN
	Number of health facilities equipped with anthropometric equipment.	Activity reports	Annually	DON
	Number of children < 5 years screened at community level and referred for nutrition management.	Activity reports	Monthly	DON
	Number of children under 5 admitted in the therapeutic feeding program.	DHIS/Surveys	Monthly/annually	DON
	Number of children aged 6-59 months receiving Vitamin A supplements	DHIS/activity reports	Monthly	DON
	Number of children < 5 years whose growth is monitored	DHIS	Monthly	DON
	% of children aged under 5 years with diarrhoea who are treated with zinc supplements	Activity reports/surveys	monthly	DON/ implementing partners
	% of children aged 6-59months receiving multiple micronutrient powders as per the recommended dose	Activity reports	Quarterly	DON MIYCN/ DON emergency/Implementing partners

Strategic objective areas	Performance Indicators	Data source	Frequency	Responsible
Strategic objective 3: To reduce the prevalence of micronutrient deficiencies in the population	**Inputs**			
	Amount of funds available for micronutrient program.	Program reports	Annually	DON/Development partners/ Implementing partners
	Review policy to include use of CHWs in delivery of micronutrient supplements.	Program reports	Annually	DON/Development partners/ Implementing partners
	Training manuals developed	Program reports	Annually	DON/Development partners/ Implementing partners
	Micronutrient guidelines developed	Program reports	Annually	DON/Development partners/ Implementing partners
	Outputs			
	Number of health workers trained on micronutrient deficiency control	Training reports	Quarterly	DON/Implementing partners
	Number of community health workers trained on micronutrient deficiency prevention and control.	Training reports	Quarterly	DON/Implementing partners
	Number of foods fortified by product and by industry	Activity reports	Quarterly	DON
	Amount in metric tonnes of fortified food vehicle.	Activity reports	Monthly	DON/Industry
	Number of micronutrient nutrition intervention campaigns launched.	Activity reports	Quarterly	DON
	Number of health facilities experiencing no stock outs of micronutrient supplements	Stock Management reports	Quarterly	DON
	Number of industries certified by KEBS as meeting the recommended fortification standards.	Activity reports	Quarterly	KEBS/DON
	Percentage of households consuming Iodized salt.	Assessment reports	Annually	DON
	Outcome			
	Proportion of population with micronutrient deficiencies	Survey reports-KNMDC	5 Years	DON/KEMRI/MI
	Proportion of population reached with messages on fortified foods.	Activity reports	Quarterly	DON/GAIN
	Number of industries fortifying food products	Activity reports	Quarterly	DON/GAIN
	Proportion of population consuming fortified foods	Activity reports	2-5years	DON/Industries/GAIN

Strategic objective areas	Performance Indicators	Data source	Frequency	Responsible
Strategic objective 4: To prevent deterioration of nutritional status and save lives of vulnerable groups in emergencies	**Inputs**			
	Available funding for emergency activities	Program reports	Quarterly/ Annually	DON/Development partners/ Implementing partners
	Commodities procured for emergency activities.			
	National nutrition commodities monitoring plan developed			
	Policy and guidelines reviewed			
	IEC materials developed			
	Outputs			
	Number of counties with emergency nutrition response plans	Activity reports	Annually	DON/Development partners/ Implementing partners
	Number of counties reporting on a timely basis on nutrition surveillance indicators	Activity reports	Monthly	DON
	Number of counties holding regular coordination meetings.	Activity reports	Quarterly	DON
	Number of facilities experiencing no stock-outs of essential nutrition commodities	Stock Management reports	Monthly	DON
	Number of health facilities offering the essential nutrition services package.	Activity reports	Monthly	DON
	Number of health workers trained on essential nutrition services package.	Training reports	Quarterly	DON
	Number of counties mobilizing resources for nutrition emergency response	Activity reports	Quarterly	DON
	Number of counties meeting the SPHERE standards on IMAM and national targets on IFE	Activity reports	Quarterly	DON
	Number of counties implementing the National Nutrition Commodities Monitoring plan	Stock Management reports	Quarterly	DON
	Outcomes			
	Proportion of health facilities offering essential emergency nutrition services package.	Activity reports	Quarterly	DON
	Proportion of vulnerable populations who access essential emergency nutrition services	Activity reports/DHIS	Monthly	DON
	Proportions of vulnerable populations who recover.	Activity reports/DHIS	Monthly	DON/implementing partners

Strategic objective areas	Performance Indicators	Data source	Frequency	Responsible
Strategic objective 5: To improve access to quality curative nutrition services	**Inputs**			
	Review the clinical nutrition guideline	Program reports	Quarterly/ Annually	DON/Development partners/ implementing partners
	Available funds for curative nutrition services	Program reports	Quarterly/ Annually	DON/Development partners/ implementing partners
	Procure supplies and equipment for curative nutrition services	Program reports	Quarterly/ Annually	DON/Development partners/ implementing partners
	Outputs			
	Number of clinical nutrition guidelines disseminated	Activity reports	Quarterly	DON
	Number of health workers trained on curative nutrition services	Training reports	Quarterly	DON
	Number of counties integrating the standards of nutritional care into the county development plans	Activity reports	Annually	DON/Development partners/ implementing partners
	Number of health facilities with no stock outs of commodities for curative nutrition services	Stock management reports	Quarterly	DON
	Outcomes			
	Proportion of facilities offering curative nutrition services	Activity reports	Annually	DON
	Proportion of population admitted with clinical malnutrition	KDHS/MICS	3-5 Years	DON/ Development partners/ implementing partners
	Proportion of counties integrating nutrition activities in the development plans.	Activity reports	Annually	DON/Development partners/ implementing partners

Strategic objective areas	Performance Indicators	Data source	Frequency	Responsible
Strategic objective 6: Halt and reverse the prevalence of diet related non communicable diseases	**Input**			
	Human, financial resources, training manuals and guidelines	Program reports	Quarterly/ Annually	DON/Development partners/ implementing partners
	Available funding for diet related non communicable diseases	Program reports	Quarterly/ Annually	DON/Development partners/ implementing partners
	Healthy diets and lifestyles strategy developed	Program reports	Quarterly/ Annually	DON/Development partners/ implementing partners
	Diet related non communicable diseases guidelines developed	Program reports	Quarterly/ Annually	DON/Development partners/ implementing partners
	Diet related non communicable diseases training manuals developed	Program reports	Quarterly/ Annually	DON/Development partners/ implementing partners
	Outputs			
	Number of health workers trained on healthy diets and physical activity.	Training reports	Quarterly	DON
	Number of guidelines distributed to health facilities.	Activity reports	Quarterly	DON
	Number of healthy diets and lifestyle strategy forums held for dissemination.	Activity reports	Quarterly	DON
	% of population screened for diet related non-communicable diseases.	Activity reports	Quarterly	DON
	Number of CHWs trained on healthy diets and lifestyles.	Training reports	Quarterly	DON
	Outcome			
	Proportion population with incidences of diet related non communicable diseases	Activity reports	Annually	DON
	% of population who have adopted healthy diets and physical activity.	Activity reports	Annually	DON

Strategic objective areas	Performance Indicators	Data source	Frequency	Responsible
Strategic objective 7: To improve nutrition in schools, private and public institutions	**Input**			
	Guidelines and strategy for nutrition improvement in schools, private and public institutions reviewed.	Program reports	Annually	DON/Development partners
	Financial and human resources available for institutional nutritional activities	Program reports	Annually	DON/Development partners
	IEC materials developed	Program reports	Annually	DON/Development partners
	Outputs			
	Situation analysis report on school/ institutional feeding conducted , documented and disseminated	Activity reports	Annually	DON/Ministry of education/Ministry of Interior and Coordination of National Government
	Number of guidelines for school/institutional feeding reviewed and disseminated	Activity reports	Annually	DON/Ministry of education/Ministry of Interior and Coordination of National Government
	Number of schools and institutions mainstreaming basic nutrition in their operations	Activity reports	Annually	DON/Ministry of education/Ministry of Interior and Coordination of National Government
	Number of schools and institutions integrating nutrition interventions in their programmes	Activity reports	Annually	DON/Ministry of education/Ministry of Interior and Coordination of National Government
	Number of stakeholders' meetings discussing sustainable institutional feeding programme	Activity reports	Annually	DON/Ministry of education/Ministry of Interior and Coordination of National Government
	Outcomes			
	Proportion of schools and institution integrating nutrition interventions in their programs.	Activity reports	Annually	DON/Ministry of Education/Ministry of Interior and Coordination of National Government
	Proportions of counties monitoring nutrition interventions in schools and institutions.	Activity reports	Annually	DON/Ministry of Education/Ministry of Interior and Coordination of National Government

Strategic objective areas	Performance Indicators	Data source	Frequency	Responsible
Strategic objective 8: To improve knowledge, attitudes and practices on optimal nutrition among the population	**Input**			
	Amount of financial resources available	Program reports	Annually	DON/Development partners/ Implementing partners
	IEC materials for improvement of knowledge attitude and practice for optimal nutrition developed			
	Strategy and Guidelines developed for improvement of knowledge attitude and practice for optimal nutrition developed			
	Output			
	Number of formative and periodic studies conducted to assess KAP	Activity reports	Quarterly	DON
	Number of Counties implementing Nutrition Advocacy Communication and Social Mobilisation (ACSM) strategy	Activity reports	Quarterly	DON
	Number and type of nutrition IEC/BCC materials disseminated.	Activity reports	Quarterly	DON
	Number of service providers trained on nutrition communication and advocacy skills in every county	Training reports	Quarterly	DON
	Number and type of nutrition communication materials disseminated at all levels	Activity reports	Quarterly	DON
	Number of counties marking Nutrition Days (World Breastfeeding Week, African Food and Nutrition Security Day, Iodine Deficiency Disorders Day, Malezi Bora, etc)	Activity reports	Quarterly	DON
	Number of nutrition messages disseminated by media houses (Nationally, county)	Activity reports	Quarterly	DON
	Outcome			
	Proportion of Counties implementing nutrition ACSM strategy	Activity reports	Annually	DON
	Proportion of population with improved nutrition knowledge attitudes and practices	Activity reports	Annually	DON
	Proportion of counties marking nutrition days	Activity reports	Annually	DON

Strategic objective areas	Performance Indicators	Data source	Frequency	Responsible
Strategic objective 9: To strengthen nutrition surveillance, monitoring and evaluation systems	**Input**			
	Procure data management equipment	Program reports	Annually	DON/Development partners/ implementing partners
	Print nutrition monitoring and reporting tools	Program reports	Annually	DON/Development partners/ implementing partners
	Develop training manuals for management of nutrition information	Program reports	Annually	DON/Development partners/ implementing partners
	Develop the nutrition monitoring and evaluation framework	Program reports	5 years	DON/Development partners/ implementing partners
	Outputs			
	Number of health facilities and programs submitting timely, accurate and complete nutrition data to the central level.	Activity reports	Quarterly	DON
	Number of core nutrition indicators integrated in DHIS, NMEF, MTEF planning and budgeting framework.	Activity reports	Annually	DON
	Number of health facilities with nutrition data quality audit conducted.	Activity reports	Quarterly	DON/implementing partners
	Number of nutrition progress reports, surveillance reports and bulletins produced and disseminated.	Activity reports	Monthly/ Quarterly	DON
	Number of sensitization meetings on nutrition information management.	Activity reports	Quarterly	DON
	Number of Feedback forums held on nutrition information.	Activity reports	Monthly/ Quarterly	DON
	Number of data management equipment procured and distributed.	Activity reports	Annually	DON
	Number of health facilities reporting through the national reporting system	Activity reports	Monthly	DON
	Outcomes			
	Proportion of counties with improved reporting, evaluation and documentation of nutrition intervention and programs	Activity reports	Annually	DON

Strategic objective areas	Performance Indicators	Data source	Frequency	Responsible
Strategic objective 10: To enhance evidence-based decision making through operations research	**Input**			
	Nutrition Research, Monitoring and Evaluation committee established	Program reports	Annually	DON/KEMRI /Development partners/ implementing partners
	Funding available for operational research on nutrition	Program reports	Annually	DON/KEMRI/ /Development partners/ implementing partners
	Outputs			
	Nutrition Research Coordinating Committee established and executing its appropriate mandate	Activity reports	Annually	DON/KEMRI/Development partners/ implementing partners
	Number of research coordinating committee meetings held.	Activity reports	Quarterly/Annually	DON/KEMRI/Development partners/ implementing partners
	Number of nutrition priority research studies conducted and disseminated among relevant nutrition stakeholders	Activity reports	Quarterly / biannually/ Annually	DON/KEMRI/Development partners/ implementing partners
	Annual work plan informed by evidence from operational research.	Activity reports	Annually	DON/KEMRI//Development partners/ implementing partners
	Number of best-practices tested and recommended for replication	Activity reports	Annually	DON/KEMRI//Development partners/ implementing partners
	Outcomes			
	Number of operational research results presented	Activity reports	Annually	DON/KEMRI/Development partners/ implementing partners
	Number of publications resulting from surveys	Activity reports	Annually	DON/KEMRI/Development partners/ implementing partners
	Number of abstracts presented at scientific conferences	Activity reports	Annually	DON/KEMRI/Development partners/ implementing partners
Strategic objective11: To strengthen coordination and partnerships among the key nutrition actors	**Inputs**			
	Available funding for nutrition coordination and partnership activities	Activity reports	Annually	DON/ Development partners/ implementing partners
	TORs for coordination forums at national, county and district level developed	Activity reports	Annually	DON/ Development partners/ implementing partners
	Output			
	Number of Nutrition Coordination meetings held at national, county and district levels.	Activity reports	Monthly/Quarterly	DON/Development partners/ implementing partners
	Number of partners/ stakeholders participating in nutrition coordination forums at all levels	Activity reports	Monthly/Quarterly	DON/Development partners/ implementing partners
	Amount of funding allocated to nutrition services at national and county level.	Activity reports	Annually	DON/Development partners/ implementing partners
	Outcomes			
	Proportion of counties with joint coordination forums at all levels	Activity reports	Quarterly /Annually	DON/Development partners/ implementing partners
	Proportion of funding allocated to nutrition activities by government and partners in the health budget.	Activity reports	Annually	DON/Development partners/ implementing partners

CHAPTER

04

IMPLEMENTATION STRATEGY FOR THE M&E FRAMEWORK

The implementation of M&E framework will be spearheaded by the Ministry of Health in collaboration with development partners and stakeholders at all levels. This will ensure successful implementation of M&E system in the Division of Nutrition.

4.1 Roles and responsibilities of stakeholders

4.1.1 Role of DON

The DON main role and responsibilities will be to develop standards and guidelines for M&E of nutrition project and programmes in the country.

Specifically, the responsibilities of the DON will be:

1. Overall management and ensuring implementation of the M&E Framework
2. Development of M&E implementation plan
3. Development of M&E operational manual (Laying out M&E Systems)
4. Dissemination of M&E Framework to all stakeholders
5. Capacity building for NIS sub-systems
6. Resource mobilization (financial and technical) for M&E activities
7. Utilize the reports from M&E systems and research to guide programme interventions and decision making
8. Analysis of data and preparation of national M&E reports
9. Ensuring quality control in M&E systems
10. Building strong institutional collaboration/relationships critical for the success of M&E

4.1.2 Role of implementers

The implementers are agencies/institutions that are involved in supporting or implementing nutrition activities in specific target areas of the NHSSP and annual work plan. These include: line Ministries, Civil Societies and Private sector organizations. The implementers will be reporting through relevant Monitoring System on programmatic activities. Where an implementer is responsible for a particular programme/ project for example in the case of blanket supplementary feeding program (BSFP), the implementer will coordinate development of the required standard tools, capacity building, quality control in the system and management of the data in collaboration with the DON - MOH.

Specifically, the implementers will be responsible for:

1. Monitoring and evaluating their activities

2. Using existing systems/developing M&E sub systems that utilize existing structures at all levels of HIS

3. Mainstreaming M&E for nutrition in their M&E systems

4. Utilization of the data collected for decision making within the institution

5. Submit reports to DON for all Nutrition aspects which they are implementing

4.1.3 Role of Line Ministries/ Institutions and Agencies

The role of line ministries and agencies will be to monitor nutrition related indicators and activities that fall in their dockets. This is particularly important in monitoring interventions that require multi-sector approach. For example, stunting requires monitoring of the food security situation in the country. The agencies will also be important in information sharing of nutrition related data and information in their interventions.

4.1.4 Role of Development Partners

The role of development partners is crucial to developing and supporting the National M&E Framework and the subsequent strengthening of the M&E systems. They will be expected to provide substantive technical and financial support to ensure that the systems are functional. They are expected to ensure that their reporting requirements and formats are in line with the indicators outlined in the M&E framework. They are to synchronize efforts with existing development partners and stakeholder efforts based on an agreed upon one country-level M&E system. In

addition, they will utilize reports from DON in decision making, advocacy and engaging with other partners for resource mobilization.

4.1.5 The Roles of County Health Management Teams and District Health Management Teams

With the decentralization strategy in place, the districts and Counties are expected to play a significant role in the provision of technical services and coordination of nutrition activities at those levels. Subsequently, M&E focal persons (County Health Coordinator, County Health Records and Information Officer, County Nutrition Officer, County Public Health Officer and the County Public Health Nurse) at these levels will be responsible for coordinating and supervising the development of district annual reports, bulletins, and special studies, which should be disseminated and circulated to key partners and players at that level for the programs in the their sectors. The data and information at these levels should be used to review trends and progress and identify and resolve problems as they emerge. The information should also be provided to program managers and implementers so as to make informed decisions on the efficiency and effectiveness of their programmes.

4.1.6 The Roles at the Health Facility Level

Given that implementation of programmes is undertaken at this level, it is imperative that data collected and reports generated are disseminated and used by the implementers to monitor trends in supply of basic inputs, routine activities, and progress made to make regular adjustments and informed decisions about the program. They will be expected to use this data in making decisions on priority activities to improve access and quality of service delivery.

4.1.7 The roles of the Community Health Units

The roles of the community units will be to identify and notify to the health authority of all health and demographic events including nutrition that occurs in the community. These events will be reported through community main actors e.g. the CHWs, teachers and religious leaders through a well-developed reporting guidelines Community Health Information System (CHIS) developed by the Division of Community Health.

The roles and responsibilities discussed are summarized in Table 3.

Table 3: Summary of the roles and responsibility in nutrition M&E at various administrative levels

Level	Responsible	Roles
DON	HRIO/ M&E Officer	Coordinate and manage the nutrition M&E System
		Develop and review nutrition data collection and reporting tools
		Maintain a functional database within the DON
		Analyze data
		Produce information products and disseminate to stakeholders
		Supervise and ensure data and information use
		Sensitize on use of data/Information for decision making and planning
		Utilize data for planning and decision making
		Coordinate national capacity building for M&E
		Update and revise DON M&E Plan
		Initiate and supervise operational research.
County	County Health Records and Information Officer/ County Nutrition Officer	Maintain County database
		Coordination and management of M&E
		Receive and compile nutrition data from the districts
		Forwards nutrition data/information within, up and down (feedback).
		Sensitize on use of data/information for decision making/planning
		Utilize data for planning and decision making
		Train County/districts TOTs on Monitoring & Evaluation
		Supervise data collection at County level
District	District Health Records and Information Officer/ District Nutrition Officer	Maintain district database
		Coordinate and manage M&E at the district
		Receive and compile nutrition data from the facilities and implementing partners
		Supervise nutrition data collection in facilities
		Train district data and information focal persons
		Forward nutrition data/information to the county
		Give feedback to the health facility and community level
		Utilize data for planning and decision making
		Sensitize other actors on use of data/information for decision making and planning
Facility	Facility In charge/ Nutritionist	Collect, compile, analyze and forward data/reports to the district
		Store data
		Use data for planning and decision making
Community	CHEW	Collect data from the community
		Compile and forward data to the district level
		Receive feedback from the district/province/national level and dissemination to the community

4.2 Capacity Strengthening for M&E

Needs assessment for effective implementation of national nutrition programme will be conducted. This will focus on data management, HIS, training of HWs and CHWs, and information technology.

To ensure implementation of the framework the DON technical heads will conduct continuous capacity building in their areas of expertise through the following:

1. Supportive supervision to county, district and facility level.

2. On the job training on technical issues as well as data and information management.

3. Formal trainings using approved curriculums in all the trainings conducted in the division.

4. To further emphasise this, the division through the various technical arms and units will ensure that all trainings conducted shall include a unit on monitoring and evaluation.

4.3 Data Quality Assurance

The data quality assurance (DQA) process will strive to ensure nutrition data is accurate, valid, reliable, timely, relevant and complete[5]. DQA will be conducted in data generation points, district level and county levels on a quarterly basis. Tools and programs for documenting DQA results will be used to ensure targeted support supervision for technical support and action by the relevant levels. The minimum set of indicators for consideration in DQAs will be as stipulated in the nutrition indicator compendium (Appendix 1) and the areas that will be considered for audit will include:

1. Reviewing completeness and accuracy of all indicator source documents for the selected reporting period.

2. Recounting results from source document and comparing the verified numbers to the site reported numbers and explaining discrepancies if any.

3. Cross-checking reported results with other data sources for example comparing routine data with survey data.

4. M&E system Structure, Functions and Capabilities at level being audited.

5. Nutrition Indicators definitions and reporting guidelines.

6. Availability of nutrition data-collection and reporting forms and tools.

5 The definition of Accuracy, Validity, Reliability, Timeliness, Relevance and completeness is in the definition of terms section.

7. Data Management Processes e.g. back up and confidentiality of source documents and registers.

8. Compliance of reporting through the National Reporting System (DHIS).

9. As part of data quality audit all nutrition surveys and assessments in nutrition sector, will be validated by the NITWG to ensure that the methodologies used are of the required standards to give accurate results that can be used to inform planning for interventions.

4.4 Updating of the Framework

The life of this framework is 5 years, in line with the NNAP 2012-2017. Regular update of the M&E plan will be done based on modification and/or inclusion of new interventions into the Division of Nutrition. M&E plan will be changed if new interventions to achieve any of the programmes specific objectives are introduced based on the National Nutrition Action Plan. This being the first framework for the DON, a mid-term review of the framework will be done in 2015 to measure progress of its implementation and make necessary amendments.

4.5 Funding of the M&E system

The funding of the M&E system will come from the ministry in charge of Health, county governments and partners. To ensure successful monitoring and evaluation of activities, 10% of the total DON budget or any other partner project shall be allocated to monitoring and evaluation activities. This should be emphasized in all proposals/planning and budgeting as a requirement for production of data collection tools, trainings, improvement of computer hardware, development of software for nutrition database, communication and supportive supervision to give on the job technical assistance.

To ensure implementation of this requirement, a clause on this condition will be included in any agreement that the division signs with its partners. The DON program will also take advantage of the existing periodic surveys and systems e.g. MICS, KHIBS, DHS, Health facility Assessment survey to include specific programme indicators as defined through the M&E framework.

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APPENDIX 1: INDICATOR COMPENDIUM

	Indicator	Numerator/ denominator	Measurement/ calculation	Source documents	Frequency of data collection
1	Percentage of under-five children who are under-weight	Number of children under the age of 5 years attending CWC with weight for age below -2 SD Total number of children under 5 years weighed at the CWC	No. Underweight/Total weighed in CWC *100	CHANIS tally MOH 704, CHANIS facility summary MOH 711A(facility), MOH 711 B(District), MOH 713	monthly
2	Proportion of children under-fives who are stunted	Number of children under the age of 5 years attending CWC with height for age below -2 SD Total number of children under 5 years attending CWC measured	No. under- 5s with below -2 SD height for age in CWC/total under-5s weighed in CWC *100	CHANIS tally MOH 704, CHANIS facility summary MOH 711A(facility), MOH 711 B(District)	monthly
3	Percentage of children under the age of five years who are wasted.	Number of under five year old children attending the CWC whose weight-for-height Z-score is below-2SD Number of children younger than 5 years attending the CWC screened for wasting/ population surveys	Number of under five year old children attending the CWC whose weight-for-height Z-score is below-2SD divided by the number of children younger than 5 years attending the CWC screened for wasting./ population surveys multiplied by 100	MOH 713	Periodically during SMART surveys and surveillance activities
4	Proportion of children 6-59 months receiving at least one dose of Vitamin A supplementation within six months	Number of children 6-59 months who received a dose of Vitamin A within 6 months Total number of children 6-59 months in the catchment area	No. received VAS within 6 months/Total population projection of 6-59 Months children*100	MOH 702 tally sheet, mother child booklet and summary sheet MOH 710	Monthly / biannually
5	Percentage of pregnant women receiving iron and folate supplements	Number of pregnant women who received iron/folate supplements at ANC during the month Total number of pregnant women in the catchment area	No of pregnant women who were supplemented with iron/ folate / total number of pregnant women in the catchment area * 100	ANC register– MOH 405, MOH 711 A, MOH 711 B, MOH 105	Monthly
6	Percentage of children (new cases/re-attendances) with severe acute malnutrition receiving treatment	Number of new children (admitted into OTP or In-patient care) with severe acute malnutrition who received treatment at the end of the reporting month Number of children screened for malnutrition in the health facility	Number of new children (admitted into OTP or In-patient care) with severe acute malnutrition who received treatment at the end of the reporting month divided by the number of children screened for malnutrition in the health facility multiplied by 100	MOH 368, MOH 409 and MOH 713	Monthly

	Indicator	Numerator/ denominator	Measurement/ calculation	Source documents	Frequency of data collection
7	Percentage of new cases with moderate malnutrition receiving treatment	Number of new children (admitted into SFP) with moderate acute malnutrition at the end of the reporting month Number of children screened for malnutrition in the health facility	Number of new children (admitted into SFP) with moderate acute malnutrition at the end of the reporting month divided by the number of children screened for malnutrition in the health facility multiplied by 100	MOH 410 and MOH 713	Monthly
8	Percentage of children 1-5 years de-wormed at least twice at health facility during the year	Number of children 1-5 years de-wormed at health facility at least twice in health facilities Number of children below 1-5 years attending CWC	Number of children 1-5 years de-wormed at health facility at least twice in health facilities expressed as a percentage of all children between the age of 5 years attending CWC multiplied by 2 visits per year.	MOH 704 and MOH 711	Monthly/ biannual
9	Percentage of children under 5 years who are attending MCH for growth monitoring for the first time.	Number of Children under 5 years who are attending MCH for growth monitoring for the first time Total number of children under five years old in the catchment area	Number attending CWC for growth monitoring for new visits/ Population projection of under – 5s in catchment area. *100	CHANIS facility summary MOH 704, MOH 105(district service delivery)	Monthly
10	Proportion of infants initiated on breast milk within 1 hour after delivery	Number of new infants breastfed within the first hour after birth Number of live births delivered in a health facility	Number of new infants breastfed within the first hour after birth divided by the number of live births delivered in a health facility multiplied by 100	MOH – Maternity register	Monthly
11	Proportion of infants less than 6 months age of age exclusively breastfed	Number of infants less than 6 months of age who received only breast milk during the previous day (24hours recall) Total number of infants less than 6 months of age in the MCH clinic	No. of infants exclusively breastfeed/ total number children less than 6 months *100	CHANIS revised MOH 704,MOH 711	Monthly

APPENDIX 2: TARGETS FOR COMMON INDICATORS AS SET OUT IN THE NATIONAL NUTRITION ACTION PLAN 2012 TO 2017

Output indicators	Outcome indicators	Baseline Year	Baseline Value	2011/12 Target	2012/13 Target	2013/14 Target	2014/15 Target	2015/16 Target	2016/17 Target	Source of data
	% of children < 5 years who are stunted	2008/9	35	30	25	20	15	14	14	KDHS 2008/9 WHO 2010 MDG status report 2010: p9
	% of children < 5 years who are wasted	2008/9	6	5	4	3.5	3	2.	2	KDHS
	Underweight levels among children <5 years	2008/9	16	15	13.5	12	11.5	10.5	10	KDHS
	Children <5 years with obesity	2008/9	22	22	21.8	21.6	21.3	21.0	19.5	KDHS
	Iron deficiency among children <5 years	1999	69	50	45	40	35	30	25	MI Survey * Targets to be set based on findings of proposed MI survey of 2011
	Vitamin A deficiency among children<5 years	1999	84.4	60	50	40	30	20	15	MI surveys * Targets to be set based on findings of proposed MI survey of 2011
	Zinc deficiency among children<5 years	1999	51	45	40	35*	30	25	20	MI surveys * Targets to be set based on findings of proposed MI survey of 2011
% of health facilities that are BFHI certified		Carry out baseline assessment	Set baseline value based on the as-sessment	8	12	16	20	24	28	Periodical nutrition assessments. -IYCF draft strategy (2011-2015)

Output indicators	Outcome indicators	Baseline Year	Baseline Value	2011/12 Target	2012/13 Target	2013/14 Target	2014/15 Target	2015/16 Target	2016/17 Target	Source of data
% community units that are implementing BFCI		Carry out baseline assessment	baseline value based on the assessment	8%	12%	16%	20%	24%	28%	Periodical nutrition assessments
-% of infants initiated on breastfeeding within one hour of birth		2008/09	58	64	66	68	70	72	74	Periodical nutrition assessments; KDHS
-% of children under six months on exclusive breastfeeding		2008/09	32	41	44	47	50	53	56	Periodical nutrition assessments KDHS
% of children (6-8) months) who are introduced to complementary foods		2008/09	83.9	88	89.7	91.4	93.1	94.8	96.5	Periodical nutrition assessments
% of children 6 to 23 months consuming 3+ or 4+ food groups in a day (dietary diversity)		2008/09	39	49.5	53	56.5	60	63.5	67	Periodical nutrition assessments KDHS
% of children continued with breastfeeding up to 24 months		2008/09								Periodical nutrition assessments

Output indicators	Outcome indicators	Baseline Year	Baseline Value	2011/12 Target	2012/13 Target	2013/14 Target	2014/15 Target	2015/16 Target	2016/17 Target	Source of data
% of children under five years whose growth is tracked by health facilities		Carry out assessment to determine baseline	Set baseline value from assessment	Set AWP targets towards achieving year 2015 target			Health facilities track growth of 15 % of the under five children	Set AWP target towards year 2017 target	Health facilities track growth of 18 % of the under five children	Periodical nutrition assessments
% of trained facility and community-based health workers sensitizing women on optimal infant and young child nutrition		Carry out baseline situation assessment	Set baseline value from assessment				15 % 0f health workers trained and sensitizing women on optimal IYCN		17 % 0f health workers trained and sensitizing women on optimal IYCN	Periodical nutrition assessments KDHS
% of women who adopt optimal infant and young children nutrition practices							10 % of women adopting optimal IYCN practices		13 % of women adopting optimal IYCN practices	Periodical nutrition assessments KDHS
Proportion of employing agencies that support breastfeeding at work places			Open inventory of KEPSA, FKE and COTU member				30% of KEPSA, FKE and COTU members support breastfeeding at work place		35 %of KEPSA and COTU members support breastfeeding at work place	Periodical nutrition assessments
% of health facilities complying with IYCN guidelines		Carry out baseline situation assessment	Set baseline value from assessment	Set AWP targets towards achieving year 2015 target			20% of health facilities complying with IYCN guidelines	Set AWP target towards achieving year 2017 target	25% of health facilities complying with IYCN guidelines	Periodical nutrition assessment KDHS
% of children aged 6-59 months receiving vitamin A supplements twice yearly		2008/09	62	71	74	77	80	83	86	Periodical nutrition assessment KDHS
% of children under 5 years old with diarrhoea treated with zinc supplements		2008/09	0.2	20	60	80	80	80	80	Periodical nutrition assessments

Output indicators	Outcome indicators	Baseline Year	Baseline Value	2011/12 Target	2012/13 Target	2013/14 Target	2014/15 Target	2015/16 Target	2016/17 Target	Source of data
Proportion of firms complying with the Code of marketing breast milk substitutes		Open inventory of firms marketing breast milk substitutes	Set baseline value from inventory	Set AWP targets towards achieving year 2015 target			25% of the firms marketing milk substitutes comply with Code on marketing substitutes	Set AWP targets towards achieving year 2017 target	30 % of the firms marketing milk substitutes comply with Code on marketing substitutes	Periodical nutrition assessment KDHS
% of < 5 year children screened at community level and referred for nutrition management		Carry out baseline assessment	Establish baseline value from the assessment				10 % of under five children screened and referred for nutrition management	Set AWP targets towards achieving year 2017 target	13 % of under five children screened and referred for nutrition management	Periodical nutrition assessments
	Vitamin A deficiency among women	1999	51	40	35	30	25	20	15	MI Survey
	Iron deficiency	1999	55	50	*45	*40	*35	*30	*25	MI Survey
	Iodine deficiency	1999	6	5	4	3	2	2	1	MI Survey
	Obesity among women	2008/9	25							KDHS
	Zinc deficiency among women	1999	52	47	42	37	32	27	15	MI Survey
Proportion of pregnant women who take iron and folate supplements for at least 90 days		2008/9	3	50	60	70	75	80	80	Periodical nutrition assessments
% of HIV positive mothers receiving supplementary food		Carry out baseline assessment in 2011	Establish baseline value from the assessment	Set AWP targets towards achieving year 2015 target			10% of HIV positive mothers receiving supplementary foods	Set AWP targets towards achieving year 2017 target	15% of HIV positive mothers receiving supplementary foods	Periodical nutrition assessments
% of HIV positive mothers counselled and who adopt good nutrition practices		Open invention of HIV positive mother who are counselled and adopt good nutrition practices in 2011	Establish baseline value from inventory	Set AWP targets towards achieving year 2015 target			10% of HIV positive mothers counselled and having practiced good nutrition in the last six months preceding assessment	Set AWP targets towards achieving year 2017 target	15% of HIV positive mothers counselled and having practiced good nutrition in the last six months preceding assessment	Periodical nutrition assessments

% of pregnant and lactating mothers with MUAC< 21cm receiving supplementary food		Conduct baseline assessment	Establish baseline value from the assessment	Set AWP targets towards achieving year 2015 target	12% of pregnant and lactating mothers (MUAC<21cm) having received supplementary food for the last six months preceding the assessment	Set AWP targets towards achieving year 2017 target	12% of pregnant and lactating mothers (MUAC<21cm) having received supplementary food for the last six months preceding the assessment	Periodical nutrition assessments

Output indicators	Outcome indicators	Baseline Year	Baseline Value	2011/12 Target	2012/13 Target	2013/14 Target	2014/15 Target	2015/16 Target	2016/17 Target	Source of data
% of people who adopt positive nutrition practices	-	Conduct baseline assessment to determine KAP on nutrition	Set nutrition KAP baseline value from the assessment	Set AWP targets towards achieving year 2015 target			3% of the population adopt positive nutrition practices	Set AWP targets towards achieving year 2017 target	4% of the population adopt positive nutrition practices	KDHS
Number of nutrition service providers trained and carrying out nutrition IEC/ BCC and advocacy activities		Conduct inventory of nutrition service providers trained and carrying out nutrition IEC/BCC activities	Set baseline value from inventory				15% nutrition service providers trained and carrying out IEC/ BCC activities		20% nutrition service providers trained and carrying out IEC/BCC activities	Periodical nutrition surveys

Output indicators	Outcome indicators	Baseline Year	Baseline Value	2011/12 Target	2012/13 Target	2013/14 Target	2014/15 Target	2015/16 Target	2016/17 Target	Source of data
Reviewed national nutrition M & E framework in place	-	-	-		Fully-functional M&E framework is in place	-	-	-	-	Programme implementation Progress reports
Core nutrition indicators integrated into HMIS/KNBS/MEF-Vision 2030.	-	-	-	-	-	-	Core nutrition indicators in identified national M&E systems	-	-	Programme implementation Progress reports
Surveillance guidelines developed &disseminated	-		-			All surveillance guidelines developed				Programme implementation Progress reports
Guidelines on validation, dissemination and utilization of surveillance results in place	-	-	-	-	-	All guidelines in place	-	-	-	Programme implementation Progress reports
A functional M&E website in place	-		-	-	Functional M&E website in place	-	-	-	-	Programme implementation Progress reports
Number of tools designed and utilized	-	-	-	-	All target tools developed and being used	-	-	-	-	Programme implementation Progress reports
Number of nutrition managers and service providers trained and using M&E tools	-	Open inventory of nutrition managers and service providers who will use the M&E tools	Set the baseline from the inventory	Set AWP targets towards achieving year 2015 target			7% of the nutrition managers and service providers using the M&E tools	Set AWP targets towards achieving year 2017 target	10 % of the nutrition managers and service providers using the M&E tools	Programme implementation Progress reports

Output indicators	Outcome indicators	Baseline Year	Baseline Value	2011/12 Target	2012/13 Target	2013/14 Target	2014/15 Target	2015/16 Target	2016/17 Target	Source of data
Number of pupils and in-mates in institutions who receive nutritionally adequate meals	-	Carry out baseline assessment to establish current prison and pupil population	Set baseline value based on baseline assessment	Set AWP targets towards achieving year 2015 target			5% of pupils and in-mates in institutions each receive nutritionally adequate meals at all times	Set AWP targets towards achieving year 2017 target	10 % of pupils and in-mates in institutions each receive nutritionally adequate meals at all times	KDHS, Periodical nutrition assessments
Teachers pre-service curriculum with basic nutrition component		-	-	-	Teachers pre-service Curriculum with basic nutrition component in place	-	-	-	-	Periodical nutrition assessment
Number of ECD centres carrying out growth monitoring	-	Carry out baseline assessment	Set baseline value based on baseline assessment	Set AWP targets towards achieving year 2015 target			7 % of ECD centres carrying out growth monitoring	Set AWP targets towards achieving year 2017 target	10 % of ECD centres carrying out growth monitoring	KDHS, Periodical nutrition assessments

Output indicators	Outcome indicators	Baseline Year	Baseline Value	2011/12 Target	2012/13 Target	2013/14 Target	2014/15 Target	2015/16 Target	2016/17 Target	Source of data
Number of functional nutrition coordinating committees in place and executing their mandate		Open invention of nutrition coordinating committee and executing their mandate	Set baseline based on the inventory	Set AWP targets towards achieving year 2015 target			75% of coordinating committees in place and executing their mandate	Set AWP targets towards achieving year 2017 target	100% of committees in place and executing their mandate	Programme progress implementation reports

Output indicators	Outcome indicators	Baseline Year	Baseline Value	2011/12 Target	2012/13 Target	2013/14 Target	2014/15 Target	2015/16 Target	2016/17 Target	Source of data
Amount of different kinds of resources (funds* and human) available for implementation of the Plan of Action		Open inventory of resources (human and financial) going towards implementation of Action Plan	Set baseline based on the inventory	Set AWP targets towards achieving year 2015			75 % of the resources needed available for implementation of the Plan of Action	Set AWP targets towards achieving year 2017 target	85 % of the resources needed available for implementation of the Plan of Action	Programme progress implementation reports * refer to the budget of the Plan of Action
Number of nutrition networks established at national and county levels		Conduct rapid assessment to determine status of networks	Establish the baseline from assessment	Set AWP targets towards achieving year 2015			75% of the target nutrition networks to have been formed at national and county levels	Set AWP targets towards achieving year 2017 target	85% of the target nutrition networks to have been formed at national and county levels	Programme progress implementation reports

Output indicators	Outcome indicators	Baseline Year	Baseline Value	2011/12 Target	2012/13 Target	2013/14 Target	2014/15 Target	2015/16 Target	2016/17 Target	Source of data
Number and type of nutrition priority research studies conducted and disseminated among relevant nutrition stakeholders		Carry out assessment to determine baseline situation	Set baseline value based on assessment	Set AWP targets towards achieving year 2015 target			Research carried out on 40% of priority nutrition areas and the findings disseminated among nutrition stakeholders	Set AWP target towards achieving year 2017 target	Research carried out on 60% of priority nutrition areas and the findings disseminated among nutrition stakeholders	Periodical nutrition programme assessments
Number of institutions using evidence-based data for decision-making and programming on nutrition		Carry out assessment to determine baseline situation	Set baseline value based on assessment	Set AWP targets towards achieving year 2015 target			45% of institutions make decisions on nutrition programming based on information from nutrition operations research	Set AWP targets towards achieving year 2017 target	55% of institutions make decisions on nutrition programming based on information from nutrition operations research	KDHS Periodical nutrition programme assessments
Number of nutrition-based decisions made by agencies using information generated through operations research		Carry out assessment to determine baseline situation on key nutrition decisions made	Set baseline value based on assessment	Set AWP targets towards achieving year 2015 target			45% of nutrition based decisions made by agencies are informed by findings of nutrition operations research	Set AWP targets towards achieving year 2015 target	65% of nutrition based decisions made by agencies are informed by findings of nutrition operations research	KDHS Periodical nutrition programme assessments

Output indicators	Outcome indicators	Baseline Year	Baseline Value	2011/12 Target	2012/13 Target	2013/14 Target	2014/15 Target	2015/16 Target	2016/17 Target	Source of data
Research coordinating committee established and executing their mandate according to terms of reference		Carry out assessment on existing nutrition research coordinating committees	Set baseline based on assessment	Set AWP targets towards achieving year 2015 target			75% of fully functional research coordinating committees established	Set AWP targets towards achieving year 2015 target	85% of fully functional research coordinating committees established	Programme progress implementation reports

Output indicators	Outcome indicators	Baseline Year	Baseline Value	2011/12 Target	2012/13 Target	2013/14 Target	2014/15 Target	2015/16 Target	2016/17 Target	Source of data
Proportion of population that adopt consumption of micronutrient rich foods including the fortified foods.	-	Carry out population –based assessment to determine baseline situation	Set baseline value based on the assessment results	Set AWP targets towards achieving year 2015 target			Increase by 5% of the population that consumed micronutrient rich foods including fortified foods for the last six months preceding the target evaluation survey	Set AWP targets towards achieving year 2017 target	Increase by 8% of the population that consumed micronutrient rich foods including fortified foods for the last six months preceding the target evaluation survey	KDHS. Periodical nutrition programme assessments
Number of institutions incorporating micronutrient issues in their training curricula	-	Carry out assessment determine target number and type of institutions	Set baseline value based on the assessment	Set AWP targets towards achieving year 2015 target			75% of target training institutions incorporating micronutrient issues in their curricula	Set AWP targets towards achieving year 2017 target	85% of target training institutions incorporating micronutrient issues in their curricula	KDHS, Periodical nutrition programme assessments

Output indicators	Outcome indicators	Baseline Year	Baseline Value	2011/12 Target	2012/13 Target	2013/14 Target	2014/15 Target	2015/16 Target	2016/17 Target	Source of data
Proportion of salt manufacturing industries complying with SoPs on salt iodization	-	Open inventory of salt manufacturing industries	Set baseline based on the inventory	Set AWP targets towards achieving year 2015 target			95% of the existing salt manufacturing industries comply with SoPs on salt iodization	Set AWP targets towards achieving year 2017 target	100% of the existing salt manufacturing industries comply with SoPs on salt iodization	Periodical nutrition programme assessments
Proportion of house-holds with recommended iodine content in the salt	-	Carry out assessment on iodine content in salts at house-hold levels	Set baseline value based on the assessment	Set AWP targets towards achieving year 2015 target			95% of the house-holds having recommended iodine content in the salt	Set AWP targets towards achieving year 2017 target	100% of the house-holds having recommended iodine content in the salt	KDHS Periodical nutrition programme assessments
Proportion of fortified foods at the household level with recommended content of the fortificant	-	Carry out assessment on content of fortificants in fortified foods available at house-hold levels	Set baseline based on the assessment	Set AWP targets towards achieving year 2015 target			95% of the fortified foods at house-hold level to have recommended content of fortificants	Set AWP targets towards achieving year 2017 target	100 % of the fortified foods at house-hold level to have recommended content of fortificants	KDHS, Periodical nutrition programme assessments
No of trainings for healthy diets and physical activity conducted for health workers.		-	-	-	2	5	7	9	10	Nutrition surveillance matrix

Output indicators	Outcome indicators	Baseline Year	Baseline Value	2011/12 Target	2012/13 Target	2013/14 Target	2014/15 Target	2015/16 Target	2016/17 Target	Source of data
Proportion of population screened for non communicable diseases.		-	-	-	5%	7%	10%	12%	15%	KDHS
Proportion of people whose BMI is monitored regularly.		-	-	-	5%	7%	10%	12%	15%	KDHS/ nutrition surveillance matrix
Proportion of CHWs trained on healthy diets and lifestyles.		-	-	-	5%	8%	12%	17%	20%	Nutrition surveillance
Proportion of population who adopt healthy diets and physical activity.		Conduct a baseline survey to determine nutrition KAP	Set a nutrition KAP value from the survey	-	2%	5%	7%	12%	15%	KDHS

Note: Outcome targets are set on the basis of existing information drawn from WHO Child Growth Standards as well as analysis of data on malnutrition trends in the country. For output indicators, target setting is based on analysis of data on Global Malnutrition trends as well as the performance of national nutrition programmes. Target setting has also taken into consideration influencing factors notably political commitment, availability of resources and drought, among others

APPENDIX 3: FORMATS FOR PRESENTING REPORTS FOR ANNUAL OPERATIONS PLANS.

To ensure consistency and uniformity each unit head within the division of nutrition will be required to report progress of implementation of outputs as stipulated in the annual plans by 15th after the end of every quarter. (These will be in the months of October, January, April and July of every year.)

Result area/cohort	Output	Progress	Comments

APPENDIX 4: ACTIVITY MATRIX FOR NATIONAL NUTRITION ACTION PLAN 2012-2017

Outcome Indicator	Output Indicator	Activity	Implementation level	Lead Agency	Other Agencies
Strategic Objective 1: To improve the nutritional status of women of reproductive age (15-49 years)					
% reduction of Vitamin A deficiency among women of reproductive age. % reduction of iron deficiency among women of reproductive age. % reduction of iodine deficiency among women of reproductive age. % reduction of overweight and obesity among women of reproductive age. % reduction of zinc deficiency among women of reproductive age.	% of pregnant women who take iron and folic acid supplements for at least 90 days during pregnancy.	• Provide IFA supplements to adolescent girls and pregnant women.	County	MOH	MoE, Development , Implementing partners
	% of pregnant and lactating women with MUAC < 21 cm receiving supplementary food.	• Provide supplementary foods to pregnant and lactating women according to the admission criteria on integrated management of acute malnutrition guidelines.	County	MOH	KEMSA, Development , Implementing partners
	% of pregnant women monitored for their weight.	• Conduct routine weight monitoring and appropriate counselling for the pregnant women	County	MOH	Development , Implementing partners
	Proportion of health facilities with nutrition commodities and equipment for maternal nutrition interventions	• Procure and distribute nutritional commodities and equipment to health facilities.	National/ County	MOH	KEMSA, Development , Implementing partners
		• Conduct nutrition education on healthy dietary practices to Women of reproductive age.	County	MOH	Development , Implementing partners, Media
	No of maternal nutrition guidelines disseminated in use at county level National MOH Development , Implementing partners, Media	• Review, develop, print and disseminate and distribute guidelines	National	MOH	Development , Implementing partners, Media

Strategic objective 3: To reduce the prevalence of micronutrient deficiencies in the population					
Outcome Indicator	**Output Indicator**	**Activity**	**Implementation level**	**Lead Agency**	**Other Agencies**
decreased prevalence of micronutrients deficiencies decreased prevalence of Vitamin A deficiency by 5% decreased prevalence of iron deficiency by 10% decreased prevalence of iodine (goitre rate) deficiency by 1% Increase in the population knowledge on micronutrient deficiency and curative and preventive measures	# of health workers at all levels trained on prevention, management and control of micronutrient deficiencies.	Review, develop and disseminate national micronutrient deficiency prevention and control strategy and guidelines.	National and County	MoH	NMDCC members
		Train service providers on micronutrients deficiency prevention and control strategies including logistic and supply chain management	County	MOH	Institutions of Higher Learning, Development , Implementing partners
	No. of advocacy workshops on micronutrient interventions conducted at all levels No. of micronutrient intervention campaigns (Radio, TV, Community etc) launched.	Advocate and create public awareness on food fortification, supplementation and dietary diversification.	County	MoH	KNFFA members, Media , Industry
	Proportion of U5 children who receive multiple micronutrient supplements % U5 children supplemented with vitamin A % of women of reproductive age supplemented with iron and folic acid	Scale up and strengthen the existing strategies of micronutrient supplementation at all levels.	County	MOH	CHMT, County Government, MOA, MOL, MOF, MOW, MoG-C&SS, MoE, Development , Implementing partners
		Procure and distribute micronutrient supplements (VAS, MNPs and IFA).	National and County	MOH	KEMSA, CHMT, County Government, Development , Implementing partners
	% of households consuming adequately fortified foods in the country	Scale up fortification of widely consumed food stuffs.	National / County	Kenya National Fortification Alliance	MOH, MOT, MOF, Media.
	% of widely consumed basic commodities which are fortified with necessary micronutrients No. of private sector actors/industries fortifying their foods products as per the national guidelines.	Monitor the quality of fortified foods regularly at all levels.	National and County	KEBS	MOH, Media.
		Conduct M&E of micronutrient deficiency prevention and control interventions	County	KEMRI	MOH, CHMT, County Government, Development , Implementing partners
		Train CHEWs and CHWs on micronutrient deficiency prevention and control strategies.	County	MOH	CHMT, County Government, Academia, Development , Implementing partners
		Review of policy to include use of CHWs in delivery of micronutrient supplements.	National	MOH	Academia, Development , Implementing Partners

Strategic objective 4: To prevent deterioration of nutritional status and save lives of vulnerable groups in emergencies					
Outcome Indicator	**Output Indicator**	**Activity**	**Imple-mentation level**	**Lead Agency**	**Other Agencies**
Improved nutritional status of populations in emergencies. Reduced morbidity and mortality of the affected population	Proportion of counties with emergency nutrition response plans	Build the capacity of the counties to develop nutrition response plans	National and County	MOH	CHMT, County Government, Academia, Development , Implementing partners
		Review, develop and disseminate guidelines for disaster preparedness, response and management of nutrition emergencies	National and County	MOH	CHMT, County Government, Academia, Development , Implementing partners
	Number of counties reporting on a timely basis on nutrition surveillance	Conduct nutrition surveillance in emergency affected areas	County	MoH	Implementing partners
	Number of counties holding regular coordination meetings.	Map partners, review and develop TORs	County	MOH	CHMT, County Government, Academia, Development, Implementing partners
		Hold and document regular joint planning and review meetings	County	MOH	CHMT, County Government, Development , Implementing partners
	Proportion of facilities experiencing no stock-outs of essential nutrition commodities	Timely provision of food and non-food items	County	MOH	MOF, KEMSA CHMT, County Government, Academia, Development , Implementing partners
	Proportion of health facilities offering the essential nutrition services package.	Scale up delivery of essential nutrition services (High Impact Nutrition Interventions)	County	MOH	MOF, KEMSA, CHMT, County Government, MOF, MOA, MOE, MOW, Development , Implementing partners
	Number of health workers in emergency districts trained on essential nutrition services package.	Capacity strengthening of health workers to provide nutrition care and support at all levels	County	MOH	CHMT, County Government, Academia Development , Implementing partners
	Proportion of counties mobilizing resources for nutrition emergency response	Mobilize resources for emergency response	County	MOH	MOF, CHMT, County Government, MOA, MOE, MOW, Development , Implementing partners
	Number of counties meeting the SPHERE standards on IMAM and national targets on IFE				
	National nutrition commodities monitoring plan developed and disseminated for use by the counties	Develop, disseminate and implement the national monitoring plan for nutrition commodities in emergency	National	MOH	MOF, Development , Implementing partners
	Proportion of counties implementing the nutrition commodities monitoring plan used during emergencies	Monitor food safety of nutrition commodities for use in emergencies	County	MOH	CHMT, County Government, Development , Implementing partners
		Create public awareness on importance of nutrition in emergencies	County	MOH	CHMT, County Government, Development , Implementing partners, Media Civil Society

Strategic Objective 5: To improve access to quality curative nutrition services					
Outcome Indicator	**Output Indicator**	**Activity**	**Implementation level**	**Lead Agency**	**Other Agencies**
Proportion of population accessing curative nutrition services	Number of agencies integrating nutritional care standards in their plans Proportion of resources committed to nutrition care services Number of health workers trained on curative nutrition services Number of community individuals and private sector players sensitized on quarterly basis Proportion of health facilities providing curative nutrition services Proportion of facilities experiencing no stock-outs of essential nutrition commodities Reduced inpatient length of stay	Review, develop and disseminate national guidelines on nutritional care in the management of common diseases	National	MOH	Development , Implementing partners
		Mobilize resources for nutritional care and treatment for common diseases	National	MOH	MOF, Development , Implementing partners
		Train health workers on clinical nutrition management	National and County	MOH	CHMT, County Government, Academia Development , Implementing partners
		Procure and distribute essential nutrition commodities (micronutrient supplements, therapeutic milks and feeds) and equipments (anthropometric and others)	National	MOH	MOF, KEMSA Development , Implementing partners
		Develop and disseminate nutrition commodities monitoring plan	National	MOH	KEMSA, Development , Implementing partners
	National nutrition commodities monitoring plan developed and disseminated for use by the counties	Monitor food safety of nutrition commodities	National and County	MOH	KEMSA, CHMT, County Government, Academia Development , Implementing partners
	Proportion of counties implementing the nutrition commodities monitoring plan	Conduct M&E of curative nutrition services	County	MOH	KEMRI, Development , Implementing partners

Strategic objective 6: Halt and reverse the prevalence of diet related non communicable diseases					
Outcome Indicator	**Output Indicator**	**Activity**	**Implementation level**	**Lead Agency**	**Other Agencies**
% reduction of incidences of non-communicable diseases. % of population screened for non-communicable diseases % reduction of population prevalence rates for obesity and overweight. % of population with normal range BMI. % of households consuming diversified diets.	Proportion of counties implementing nutrition guidelines on NCDs Proportion of the population who are screened for non-communicable diseases. Proportion of Counties conducting sensitization meetings on healthy diets and physical activity % no. of population whose BMI is monitored regularly	Review, develop and disseminate a comprehensive strategy and guidelines for prevention, management and control of diet-related NCDs	Health facility/ Community	MOH	Academia, MOA, Development , Implementing partners
		Train service providers on prevention, management and control of diet-related NCDs	Health facility/ Community	MOH	Academia, MOA, Development , Implementing partners
		Create public awareness on the importance of prevention, management and control of diet-related NCDs	County Health facility/	MOH	Academia, MOA, Media Development, Implementing partners
		Map partners, review and develop TORs	Community	MOH	CHMT, Academia, Development , Implementing partners
		Hold and document regular joint planning and review meetings	National/ County	MOH	CHMT, County Governments Development , Implementing partners
		Conduct M&E of diet related NCDs	National/ County	MOH	KEMRI, Development, Implementing partners
		Conduct screening for non-communicable diseases.	County	MOH	MOE, Development, Implementing partners,
		Scale up community screening for BMI and waist circumference	National/ County	MOH	MOE, MOGC&SS, Development , Implementing partners,

Strategic objective 7: To improve nutrition in schools, public and private institutions					
Outcome Indicator	**Output Indicator**	**Activity**	**Implementation level**	**Lead Agency**	**Other Agencies**
% of pupils in Primary Schools with adequate nutrition status. % population in public institutions with adequate nutrition status	Situation analysis on school/ institutional feeding conducted, documented and disseminated	• Conduct situation analysis on school/ institutional feeding including the Early Childhood Development Education Centres(ECDE), Daycare centres	County	MOH	MoE, KEMRI, KNBS, Children Department, Development , Implementing partners
	School/institutional feeding guidelines reviewed and disseminated Proportion of schools and institutions mainstreaming basic nutrition in their operations	• Review, develop and disseminate nutrition guidelines for school and other institutions	National	MOH	MoE, Children Department, Development , Implementing partners
		• Mainstream basic nutrition training in all schools and other institutions	National	KIE	MOH MoE, Children Department, Development , Implementing partners
		• Implement appropriate nutrition interventions (school meals, micronutrient supplementation, nutrition assessment, de-worming among others) in schools and other institutions	County	MOE/MOH	Children Department, Development , Implementing partners
	Number of counties holding stakeholders' meetings on sustainable institutional feeding programmes	• Mobilize resources to sustain optimal institutional feeding programmes	County	MOE	MOH, MOF, Children Department, Development , Implementing partners
		• Integrate nutrition education in school curricula at all levels	National	KIE	MOH MoE, Children Department, Development , Implementing partners
	Proportion of counties monitoring nutrition interventions in schools and institutions	• Conduct M&E of nutrition interventions in schools and other institutions	County	MOE	MOH, Children Department, Development , Implementing partners

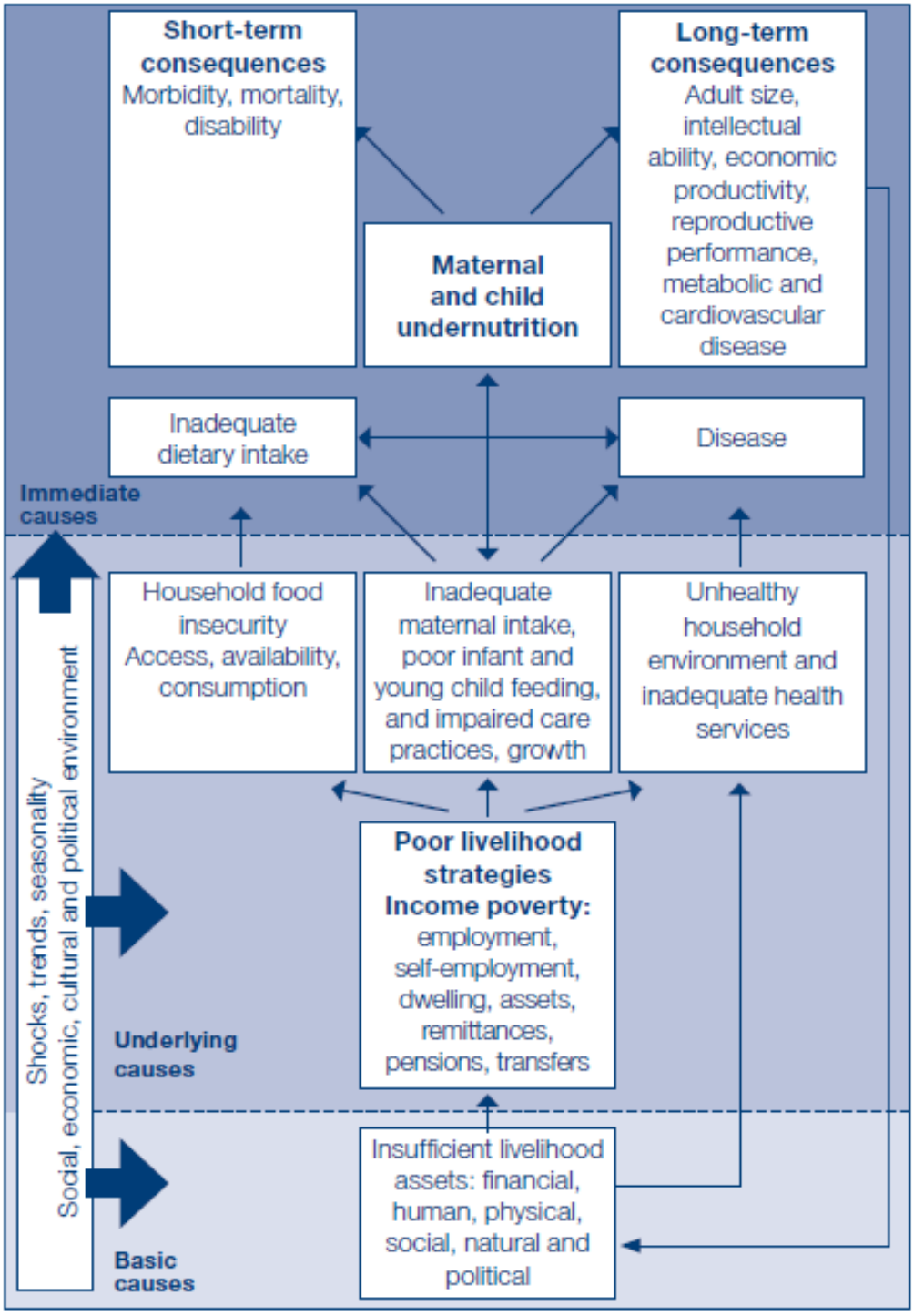
Strategic objective 8: To improve nutrition knowledge attitudes and practices among the population					
Outcome Indicator	**Output Indicator**	**Activity**	**Implementation level**	**Lead Agency**	**Other Agencies**
% of population adopting healthy diets and lifestyle	Formative and periodic assessment reports available and disseminated	• Conduct formative and periodic assessments on the status of nutrition knowledge, attitude and practices in the general population	National and County	MOH	KEMRI, KNBS Institutions of Higher Learning, Development , Implementing partners,
	Proportion of Counties implementing ACSM strategy	• Develop, print and disseminate national nutrition advocacy, communication and social mobilization (ACSM) strategy at all levels	National	MOH	Development , Implementing partners
	Proportion of service providers trained on nutrition communication and advocacy skills	• Train service providers on communication and advocacy skills	County	MOH	Development , Implementing partners
	Number and type of nutrition communication materials developed and disseminated at all levels	• Review, develop, print, disseminate and distribute IEC materials	National / County	MOH	Development , Implementing partners
	Proportion of counties marking Nutrition Days	• Mark national/international Nutrition Days (World Breastfeeding Week, African Food and Nutrition Security Day, Iodine Deficiency Disorders Day, Malezi Bora among others)	National / County	MOH	Development , Implementing partners, Media Civil Society
	Proportion of media houses disseminating nutrition messages	• Promote optimal nutrition through all channels of communication at all levels	National and County	MOH	Development , Implementing partners, Media Civil Society

Strategic objective 9: To strengthen the nutrition surveillance, monitoring and evaluation systems					
% health facilities nationwide conveying accurate and complete monitoring data to central level # Of core nutrition indicators included in HIS, NMEF, MTEF planning and budgeting framework. Coordination and information exchange strengthened among nutrition stakeholders.		• Launch and Implement M & E framework for the nutrition sector	National	MOH	KEMRI, KNBS Development , Implementing partners
	# Core nutrition indicators integrated into HIS, KNBS, NMEF for Vision 2030	• Define and Integrate core Nutrition indicators in HIS/ KNBS/NMEF- VISION 2030	National	MOH	KEMRI, KNBS Development , Implementing partners
	Surveillance protocol and reporting formats disseminated and implemented.	• Review, develop and disseminate guidelines and tools on surveillance, M&E.	National	MOH	KEMRI, KNBS Development , Implementing partners
	Surveillance protocol and M&E tools (reporting formats etc.) available online.	• Conduct data audits at all levels.	National and County	MOH	KEMRI, KNBS Development , Implementing partners
	Number of nutrition bulletins disseminated annually # of nutrition stakeholder forum held at county level to support and strengthens feedback mechanisms.	• Develop and disseminate quarterly nutrition bulletins.	National and County	MOH	KEMRI Development , Implementing partners
		• Hold feedback meetings among nutrition stakeholders at all levels	National and County	MOH	Development , Implementing partners
		• Update and maintain national nutrition website	National	MOH	Development , Implementing partners
	Number of nutrition M&E tools disseminated	• Review, and disseminate Nutrition M&E tools based on new information.	National	MOH	KEMRI Development , Implementing partners
	Proportion of health facilities reporting quality nutrition data Proportion of counties conducting scheduled support supervision visits Proportion of county health facilities equipped with facilities for data entry and analysis	• Train all health managers and service providers on use of DHIS and interpretation of M&E data	National / County	MOH	KEMRI Development , Implementing partners
		• Conduct support supervision at all level.	National / County	MOH	Development , Implementing partners
		• Procure and distribute equipment (Computers, printers, copiers, scanners and external hard discs)	National and County	MOH	Development , Implementing partners

Strategic objective 10: To enhance evidence-based decision-making through research					
Evidence based nutrition interventions planned and programmed	Nutrition Research Coordinating Committee established and executing its appropriate mandate	• Establish nutrition research committee with clear terms of reference at county level	National	KEMRI	MOH, Development , Implementing partners
	Number and type of nutrition priority research studies conducted and disseminated among relevant nutrition stakeholders	• Conduct need-based research to inform policy, programme design and implementation • Mobilize resources to address critical gaps in nutrition research	National	KEMRI/ KNBS	MOH, MOF, Development , Implementing partners
	Number of agencies and institutions making decisions based on empirical evidence for nutrition intervention programming and planning	• Disseminate research findings to key stakeholders at all levels	National / County	MOH	CHMT, County Government, MOA, MOL, MOF, MOW, MoGC&SS, MoE, Development , Implementing partners
	Number and type of best-practices documented and disseminated for evidence-based programming	Support relevant research institutions (equipment, laboratory supplies and technical support) to conduct nutrition research	National	MOH	MOF, Development , Implementing partners

Strategic Objective 11: To Strengthen coordination and partnerships among the key nutrition actors					
Increased human, financial and material resources allocation by government and partners to support nutrition activities.	• Number of inter- and intra-sectoral coordination meetings held at all levels	• Map partners, review and develop TORs	National and County	MOH	MOA, MOL, MOF, MOW, MoGC&SS, MoE, Development , Implementing partners
	Number of functional nutrition coordination committees in place and executing their mandates at all levels Number of new partners supporting nutrition activities at all levels. Proportion of counties integrating nutrition priorities in their county plans	• Hold and document regular joint planning and review meetings to align the annual nutrition planning process to the nutrition action plan.	National / County	MOH	MOH, MOA, MOL, MOF, MOW, MoGC&SS, MoE, Development , Implementing partners
	% of the resource mobilized for nutrition activities from government and partners against the budget activities.	• Mobilize financial and human resources for nutrition interventions at all levels	National / County	MOH	CHMT, County Government, MOA, MOL, MOF, MOW, MoGC&SS, MoE, Development , Implementing partners

APPENDIX 5: CONCEPTUAL FRAMEWORK ON THE CAUSES OF UNDER NUTRITION



(Source: Sphere Project, 2011)

APPENDIX 6: THRESHOLDS FOR NUTRITION INDICATORS

Indicators	Acceptable	Alert	Serious	Critical	Very critical
Global acute malnutrition GAM	<5%	5 to <10%	10 to <15% or where there is significant increase from baseline/seasonal trends in the last ≥2 yrs	15 to <20% or where there is significant increase from baseline/ seasonal trends in the last ≥2 yrs	>/=20% or where there is significant increase from baseline/seasonal trends in the last ≥2 yrs
Mean weight for height (WHZ)	>-0.04	-0.40 to -0.69	-0.70 to -0.99; >usual /increasing	<-1.00; >usual /increasing	
Severe Acute Malnutrition	<3.0%	3.0 – 4.4%	4.5% - 5.4%	5.5 – 6.9% or where there is significant increase from baseline/ seasonal trends in the last ≥2 yrs	≥ 7.0% or where there is significant increase from baseline/seasonal trends in the last ≥2 yrs
MUAC children (%<12.5)	<5%	<5% with increase from seasonal trends	5.0 -9.9%	10.0 – 14.9%, or where there is significant increase from seasonal trends	>15%, or where there is significant increase from seasonal trends
Adult MUAC – Pregnant and Lactating (%<23.0cm, sphere 04)	<9.5%	9.5% - 14.9%	15 – 21.9%	22.0 – 27.9%	≥28%
Adult MUAC – Non-Pregnant and Non - Lactating (%<18.5cm, sphere 04)	<0.3%	0.3 - 0.49%	0.5 - 0.69%	0.7 – 1.99%	≥2.0%
Non Pregnant maternal Under nutrition BMI<18.5	<10%	10.0 to 19.9%	20.0 to 39.9%	>40%	
Poor HH dietary Diversity (% consuming <4 fdgps))	<5%	5-9.9%	10-24.9%	25-49.9%	≥ 50%
Breastfeeding practices : (i)EBF, (ii) Continued BF at 1 yr, (iii)Continued BF at 2 yr reference	≥90%	50-89%	12-49%	0-11%	
Stunting	<10%	10 - <20%	20 - <40%	> 40%	
Vitamin A supplementation coverage : 1 dose in last 6 months	≥95%	80-94.9%	<80%		
Crude death rate/10000/day	<0.5	0.5 to <1	1 to <2 include information on the main causes	2 to ≤5 include information on the man causes	>5 or doubling of rate from preceding phase. Include main causes
Under five years death rates/10000/day	<1	1-1.99	2-3.9/10000/ day include main cause	4 to 9.9 or doubling from previous phase, include main cause	≥10 or doubling rate from preceding phase. Include main cause

APPENDIX 7: LIST OF CONTRIBUTORS

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